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TITLE OF THESIS: The Adjustment and Expectations of First-
Time Adoptive Parents

DEGREE FOR WHICH THESIS WAS PREPARED: Master of Science in
Family Studies

YEAR THIS DEGREE GRANTED: 1978

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THE ADJUSTMENT AND EXPECTATIONS
OF FIRST-TIME ADOPTIVE PARENTS

by



JOSEPH RICHARD SEVIGNY

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE
OF MASTER OF SCIENCE IN FAMILY STUDIES

DEPARTMENT HOME ECONOMICS

Edmonton, Alberta

Spring, 1978

THE UNIVERSITY OF ALBERTA
FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled The Adjustment and Expectations of First-Time Adoptive Parents submitted by Joseph Richard Sevigny in partial fulfillment of the requirements for the degree of Master of Science in Family Studies.

ABSTRACT

The purpose of this study was threefold: (1) to describe the phenomenon of first-time adoptive parenthood, taking into account pre-placement expectations as well as post-placement adjustments, (2) to compare the results of this study with an identical study done on first-time natural parents, and (3) to use the information gathered in this study to make recommendations with regard to pre-adoptive parent education programs.

Four case studies on first-time adoptive parents are given. These reveal that the couples in the sample acknowledged an adjustment factor in the transition to parenthood; though their expectations of what parenthood would be like were not always congruent with reality, they still managed to cope reasonably well with the new changes in their lives. They willingly learned to cope and manage the difficulties associated with early adoptive parenthood.

The findings also indicate that the greatest difficulties encountered by the couples centered on acceptance of infertility at pre-placement and establishing a love bond and determining the established needs and wants of a young infant at post-placement.

Adoptive couples identified very strongly with natural parents and reacted in very similar ways as did

natural couples during the initial parenthood transition period. Nevertheless, there appeared to be a critical period where adoptive couples did feel a sense of normlessness and acknowledged more readily a difference between themselves and natural couples.

The study also revealed the need for a pre-adoptive preparation program and pointed to the necessity of giving prospective adoptive couples more support in the form of lecture and discussion groups. Recommendations were made for parent education programs on specific topics including infertility: facts and feelings, marital adjustment, similarities and differences between adoptive and natural parents, and the bonding process between parent and child.

ACKNOWLEDGMENTS

Special thanks are due to my advisor, Dr. Dianne Kieren, who had a great deal of trust and confidence in me. She was able to encourage me to complete this work. I owe a great deal to her.

I would also like to acknowledge two members of my committee: Dr. Jason Montgomery and Jan Blakey, for their probing insights and constructive comments. They were able to help me clarify my ideas about adoptive parenthood.

A very special mention should be given to my employer. Reverend V.R. Boutilier, Executive Director of Family Service of Eastern Nova Scotia, who graciously allowed me the time "on the job" to write this thesis.

The Child Welfare Service of Antigonish, especially Clare MacEachern and Sister Ellen Grant deserve special thanks, as they were particularly co-operative in allowing me to approach their adoptive couples for this study.

And to my wife Marcella--her support, assistance and insights were invaluable. She, in fact, was the one who gave me the idea to do a study on adoptive couples. Her own research on parenthood was especially helpful to me.

Lorna Niemi deserves the credit for the care and exactness taken in typing and proof-reading the manuscript. She also gave me some particularly valuable insights for

the final draft of this study.

Last but not least, I would like to thank the four couples who took part in this research. By willingly giving of their time and of themselves, they made this study possible.

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CHAPTER I

STATEMENT OF THE PROBLEM

The questions related to the impact of children on the marital life cycle has attracted an increasing amount of interest by researchers, family life educators, and parents. The growing body of literature on this subject, as well as increasing numbers of parenting programs, attest to this ongoing interest and draw attention to some of the changes within family life that are associated with assuming parental roles.

Studies of marital satisfaction over the family life cycle indicate that marital satisfaction drops after a child is born and continues to decline as the child becomes older; then rises slightly once the child is launched (Blood and Wolfe, 1960; Braddburn and Caplovitz, 1965; Rollins and Cannon, 1974; Spanier et al., 1975; Miller, 1976). Thornton (1977) found a moderate U-shaped relationship between number of children and marital dissolution.

The actual role transition that parents must make at the arrival of the first child within the family has also been examined fairly extensively (LeMasters, 1957; Dyer, 1963; Hobbs, 1965, 1968, 1976; Feldman and Rogoff, 1967; Beauchamp, 1968; Russell, 1973; Wapner,

1976; Fein, 1976). Some studies indicate that the transition is one of severe or moderate crisis (LeMasters, 1957; Dyer, 1963) while others found that the adjustment was difficult but that the couples coped with the minor upsets of their usual interaction (Hobbs, 1965, 1968, 1976; Wapner, 1976; Fein, 1976). The more recent studies seem to suggest that "... it is more accurate to think of beginning parenthood as transition, accompanied by some difficulty, than as a crisis of severe proportions" (Hobbs and Cole, 1976). Nevertheless, from the indications obtained from studies on marital satisfaction, there may be a long term effect of this transition throughout the family life cycle.

No comparable work has been done on the nature of the transition from married couples to adoptive parents. The researchers studying adoptive situations have been primarily concerned with adoption and its effect on the child, both early and later in life (Starr et al., 1970; Bernard, 1953; Lawder et al., 1969). Other studies of adoptions have focused on older child adoptions (Barinbaum, 1975), transracial adoptions (Katz, 1974; Simon, 1974; Vient, 1975), hard to place children (Soeffing, 1975), techniques of revelation to children of the fact that they were adopted (Bradley, 1967; Krugman, 1964; Mass et al., 1965; Kadushen, 1971) and adoption outcome (Jaffee and Fanshel, 1974). There is even a larger body of literature which deals with the pathological

difficulties experienced by adoptees and adoptors (Olson and Dahl, 1975). Only two studies have examined the effect that infant, first time adoption has on the transition phase of adoptive couples themselves and none have made any type of longitudinal study of this kind of adoption (Bedoukiam, 1958; Kirk, 1964).

The present study was initiated to add to the small existing body of knowledge in the area of adaptation to adoptive parenthood. It is oriented toward some of the significant changes in marital interaction and relates to community involvement and relationships with relatives that occur in the first three months of the transition to adoptive parenthood.

The main objectives of this study are: (1) to describe the phenomena of parental adjustment to the placement of the first child in more detail than previous studies, taking into account pre-placement and post-placement attitudes, behavior, expectations and marital interaction, (2) to compare the expectations and adjustment patterns of four first time adoptive couples to that of four matched first time natural parents to determine similarities and differences between them, and (3) to use this information to make suggestions for educational programs for adoptive parents.

This research, therefore, has a practical significance for family life educators who design educational programs for first time adoptive parents from the base

line data collected in this study. It is hypothesized that this assistance in making a smooth role transition will have a long term effect on healthy family life development.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The review of the literature in this chapter will begin with a brief look at infertility, which is one of the most common and decisive factors mentioned by couples as the reason for their adopting. For this reason, the physiological determinants of infertility will be briefly mentioned. Most important, however, will be the review of the psychological reactions to infertility which are often seen as a life crisis by the individuals within the couple. The final section will look at the nature of the transition to parenthood. Studies from natural parenthood, as well as adaptation to adoptive parenthood, will be included. Research from natural parenthood is included because the majority of studies done on adoptive parent-child relationships usually emphasize the effect parents have on the child. Seldom is consideration given to the child having a significant effect on adoptive parents. This aspect of parent-child relationships has recently been explored in natural parenthood studies.

Incidence of Infertility

Few couples ever consider the possibility that they may be infertile. Yet it has been estimated that ten to fifteen percent of couples of childbearing age have difficulty conceiving (Newill, 1974; Guy, 1975; Menning, 1977). Recent studies also indicate that male and female sterility is rising and that in the future a greater number of couples will be faced with infertility problems (Newill, 1974; Guy, 1975; Menning, 1975).

Physiologically, the sources of infertility may be divided into three types: female infertility, male infertility, and combined infertility, i.e. reduced fertility in both male and female. Approximately forty percent of all infertility is related to a problem which lies solely with the woman, forty percent solely with the man, and twenty percent is a combined problem (Menning, 1977).

Infertility specialists report considerable variation to the successful treatment of infertility, since very little is known about the basic factors which affect fertility in men and women (Newill, 1974). It has been suggested that the "cure rate" in infertility is now as high as fifty to sixty percent with management by a competent specialist. This still leaves four percent of couples unable to bear their own children (Bonham, 1977).

Psychological Reactions to Infertility

Kirk (1964) and Van Keep and Schmidt-Elmenhoof (1976) found that for women involuntary childlessness represented a serious crisis. They also found that men felt disappointed yet appeared to feel less deprived, even though they were much more reluctant to speak openly to others about infertility than were the women.

Conti (1976), studying 50 women in couples experiencing fertility problems, found that there was a difference in how women reacted, depending on who (within the couple) was infertile. Women who were found to be infertile or who shared the infertile problem with their husbands were more willing to accept their infertility than women whose husbands solely were found to be infertile. Conti (1976) speculates that, socially, the burden of infertility seems to be placed on women and, in turn, women place the blame on themselves, even if they are not the infertile party. To compensate for their loss, he found that forty-two percent of women with infertile husbands increased their work activities outside the home, while only eighteen percent of women who themselves were infertile, did so. Similar findings were reported by Guy (1976), who noted that fifty percent of infertile women often sought a professional career or acquired a pet animal.

Wiehe's (1976) study results appear to be discrepant with those of Kirk (1964) and Van Keep and

Schmidt-Elmenhoof (1976). Wiehe (1976) found that, in his sample of twenty-two couples who unsuccessfully had sought medical assistance for infertility and had made application to adopt, all initially reacted to infertility neutrally. Some even leaned toward a positive reaction to infertility. However, he also found that these couples also characterized themselves, on an interception scale of self-awareness and self-understanding, as being defensive and having little self-awareness and self-understanding. This indicates that these couples probably have a high degree of denial in terms of their infertility. Their feelings on infertility may be so painful that they deny the reality of these feelings. The discrepancy between Kirk's (1964) findings often appears to be related to time. Kirk studied couples who were already parents by adoption for several years. Wiehe (1976) studied couples who had not yet adopted. Wiehe (1976) speculates that it may be that only after the goal of parenthood has been attained, or adjustment has been made to non-parenthood, that individuals can recognize the intense disappointment they initially experienced in learning about their infertility.

In order to cope, Menning (1977) found that couples, once told of their infertility, generally enter a grieving process which often remains unresolved. Their first reaction is surprise and shock, followed quickly by denial and isolation. "This can't happen to

me," is the often stated phrase. At this point it seems that everyone they see, meet, or know is pregnant or talks about pregnancy and children. The couple feels that they are the only ones who are infertile and yet see fertility everywhere, thus making it difficult for them to accept their condition. The third stage involves feelings of anger, guilt, and lowered self-esteem. They are reacting often to a loss of control and helplessness. Their anger is projected onto authority figures: doctors, social workers, relatives, or beloved persons such as their marriage partners. However, the real target is the situation and self, which is often too painful to be attacked. Anger and frustration are often accompanied by sadness, guilt, and depression, which result from the relentless tests and treatments which bring hope and then despair. During this process the infertile couple begins to look, not so much for the child, but for the cause--the why--of their infertility. This often brings guilt. The infertile couple frequently decides that they are not being blessed with a pregnancy because they are, in some way, unworthy. Pregnancy is being withheld as a punishment for "not being a nice person" or for participating in premarital sex, an abortion, using birth control, having venereal disease, having a previous divorce, having masturbated, or having participated in any unusual sex practices.

The couple also experiences strong feelings of depression. Conti (1976) found thirty percent of his sample of infertile women were in a state of depression, whatever the cause of infertility.

Throughout this process, there is often a loss of self-esteem, particularly for the women, if their husbands are the infertile ones within the couple (Menning, 1977; Conti, 1976). Infertility and sexuality are very closely linked. To be infertile represents an enormous narcissistic blow to the male and female alike, which affects their sexual identity. Sexual feelings that, for many, were spontaneous, warm, exciting, and pleasurable become restricted and inhibited, as coitus is attempted mainly on prescription (Schechter, 1970). A woman may think of herself as no longer feminine or attractive or lovable; a man may feel unmasculine, impotent, a failure (Guy, 1975). Conti (1976) found that fifty-seven percent of women in couples where the male was infertile experienced severe sexual crisis but only twenty-seven percent of women who were the source of infertility experienced severe sexual crisis. However, in couples where the problem was mixed or unknown, their sexual relations were satisfactory and in some cases improved.

The final stage of grieving is where the loss of fertility and its related feelings are recognized. This stage is called recovery. It involves regaining a healthy

and correct self-image, rebuilding self-esteem, as well as redefining sexuality around the loss of child bearing. This final step is sometimes not taken by some couples, who then begin to seek alternatives without resolving their feelings around infertility. This often affects their ability to cope adequately with parent-child relations later on (Kirk, 1964).

Parenthood as a Life Goal

The fact that infertility carries with it a strong emotional impact and seems to be resolved through grieving leads Menning (1977) to suggest that this happens because infertility represents a major life crisis for couples. Parenthood is a normative expectation in North American society, thus it is not unusual that individuals identify parenthood as a life goal, which is frustrated when infertility is diagnosed in a couple. Veevers (1973) points out that there are in fact two very important mores that exist in society involving married couples and reproduction: one, the norm that married people should have children; and two, the norm that they should want to have children and should rejoice at the prospect of becoming parents. The deliberate avoidance of parenthood violates these very basic informal mores and social sanctions may be extended to resolve the discontinuity between societal expectations and behavior. Childlessness is viewed as a deviate state and childless spouses are often stereotyped and seen as being irresponsible, unnatural, immature,

emotionally unstable, unhappy maritally, divorce prone, psychologically maladjusted, and generally mentally unhealthy (Veevers, 1974). Humphrey (1964), in his comparative analysis of childless and adoptive couples, found the previous description of childless couples to be inaccurate. Couples with children and childless couples were found to have no important differences in their mental health.

The aforementioned description of childless couples is not surprising when one considers that some researchers see parenthood as a final transition to adulthood (LeMasters, 1957; Rossi, 1968). The infertile couples are not only faced with the loss of their fertility but must also decide upon competing alternative life styles which are "non-ideal" in North American society. The couple can choose to live child-free, with the basic non-acceptance by society (Veevers, 1974); they can have a donor insemination, if it is the male who is infertile, although this has not been readily accepted due to moral and legal consequences; or the couple can adopt. Adoption is the most usual recommended route. Through adoption, the couple can still fulfill the expectations that married couples have children and enjoy them. Few people need to know how the child came to be part of the family and most will assume that it was born to the family. The adoptive couple can still fulfill their life goal of parenthood, though they will not be parents to a child genetically.

Although parenthood has been romanticized by society (LeMasters, 1974) the reality of parenthood is not as ideal as many parents expect and consequently find some adjustments difficult to make.

The Role Transition to Parenthood

Research results on natural parenthood vary as to the degree of adjustment difficulty felt by the couples. Early studies (LeMasters, 1957; Dyer, 1963) indicate that the transition may cause severe or extensive crisis. Crisis was defined as "any sharp or decisive change for which old patterns are found to be inadequate." Later studies (Hobbs, 1965; Russell, 1974; Hobbs and Cole, 1976) found that the transition was difficult but could not be classified as a crisis of severe proportion.

No matter how difficult the transition was, there appeared to be an agreement among the studies as to the types of difficulties manifested by the couples. Tables 1 and 2 summarize the difficulties that occurred and the area of the couple's personal life which it affected most. For both men and women the transition had a strong emotional effect with some disturbances in relationships outside the home.

In the two studies (LeMasters, 1957; 1963) where severe or extensive crisis was reported, both found that the majority of the couples had largely overcome the crisis by the time the interviews were conducted, which was within five years after the birth of the child for

Table 1. MANNER IN WHICH DIFFICULTY IS MANIFESTED IN MEN

<u>Studies Reported In</u>	<u>Items Mentioned</u>	<u>Area Affected</u>
LeMasters (1957) Dyer (1963) Hobbs (1965) Hobbs and Cole (1976) Russell (1974)	Economic pressure	Outside relationships
Hobbs (1965) Hobbs and Cole (1976) Russell (1974) Wenke and Crakenberg (1976)	Fatigue	Physical (intra)
LeMasters (1957) Hobbs (1965) Hobbs and Cole (1976) Wenke and Crakenberg (1976)	Interference with social life	Emotional and outside relationships (intra, extra)
LeMasters (1957) Dyer (1963) Hobbs (1965) Hobbs and Cole (1976)	Disruptions by new demands	Emotional
LeMasters (1957) Hobbs and Cole (1976)	Decline in wife's sexual response	Emotional
Dyer (1963) Russell (1974)	Sharing with relatives	Emotional and outside relationships
Hobbs (1965) Hobbs and Cole (1976) Russell (1974)	Additional work demanded by the baby	Physical
Hobbs (1965) Hobbs and Cole (1976)	Uncertainty about meaning of the crying of the baby	Emotional
Hobbs and Cole (1976) Wenke and Crakenberg (1976)	Feeling more distant from wife	Emotional
Russell (1974)	Baby changed plans	Outside relationships
Hobbs and Cole (1976)	Decreased contact with friends at work	Outside relationships and emotional
Wenke and Crakenberg (1976)	Lack of knowledge about parenthood	Emotional

Table 2. MANNER IN WHICH DIFFICULTY IS MANIFESTED IN WOMEN

<u>Studies Reported In</u>	<u>Items Mentioned</u>	<u>Area Affected</u>
LeMasters (1957) Dyer (1963) Hobbs (1965) Russell (1974)	Fatigue	Physical
Dyer (1963) Hobbs (1965) Russell (1974) Hobbs and Cole (1976)	Feeling edgy, depression	Emotional
LeMasters (1957) Hobbs (1965) Dyer (1963) Hobbs and Cole (1976)	Confined to home	Outside relationships
LeMasters (1957) Hobbs (1965) Hobbs and Cole (1976)	Giving up income	Outside rela- tionships and emotional
LeMasters (1957) Dyer (1963) Hobbs and Cole (1976)	Unsatisfied in housekeeping standards	Emotional
LeMasters (1957) Russell (1974) Hobbs and Cole (1976)	Worry about appearance	Emotional
LeMasters (1957) Dyer (1963)	Guilt about feeling inadequate as a mother	Emotional
Hobbs (1965) Hobbs and Cole (1976)	Interruption in routine, uncer- tainty about meaning of crying	Emotional
	Interference of in-laws	Outside relationships
	Less of personal sexual response	Emotional
	Decreased contact with friends at work	Outside relationships

LeMasters (1957) and two years for Dyer (1963). Even though they had experienced a severe crisis, they recovered quite well.

The LeMasters (1957) and Dyer (1963) studies are the only ones that find over fifty percent of the couples experiencing "extensive or severe" crisis. Both studies are similar, in that they draw their couples from a middle-class sample, and both had couples where the wife ceased her employment or career after the birth of the baby. The studies which followed attempted to include a more representative sample and did not restrict it to couples where the wife stopped working after the birth of the baby. Changes in sample selection and recall time resulted in a much smaller incidence of severe crisis as reported by Hobbs (1965); Russell (1974); and Hobbs and Cole (1976).

Hobbs (1968), replicating his 1965 study, found that the measuring technique had an effect on how the couples were rated on a crisis score. When comparing taped interviews with checklist questionnaires, Hobbs (1968) found that similar difficulties were reported on both, but the couples were rated higher on a crisis score by the interview than they were by the checklist. Nevertheless, Hobbs' (1968) results were unable to call parenthood transition a severe crisis but only a difficult adjustment period.

Hobbs and Cole (1976) replicated Hobbs' (1965) study. Again it was found that initiating parenthood may be difficult but not sufficient to warrant calling it a crisis experience for parents whose first child is still an infant. Very similar crisis scores were found in this study to those found in the 1965 study; however, the discriminating items had changed positions somewhat. At the conclusion of their study, Hobbs and Cole (1976) state that "it is more accurate to think of beginning parenthood as a transition accompanied by some difficulty than as a crisis of severe proportion" (1976:730).

In support of Hobbs and Cole (1976), Meyerowitz and Feldman (1966:84) recommended zeroing-in on the transition "to a more mature and rewarding triadic system." Rossi (1968) proposed that the transition to parenthood is achieved by most parents more or less successfully and with diverse compromises. Taking on the parental role is seen by her as a developmental stage of one's life span, having its unique chores, issues, adjustments, and rewards. As early as 1965, Hobbs seriously questioned the legitimacy of a "crisis" label and noted that there is a lack of information on the positive aspects of becoming parents for the first time.

Russell's attempt in 1974 to move away from the "crisis" orientation and focus on gratifications, as well as the stressful or problem areas, is the first

noted in the literature. Her sample of 271 couples (296 females and 272 males) from an urban setting was the largest ever used in a study on transition to parenthood. Using a questionnaire, including Hobbs' (1965) identical checklist, she found only three point one percent of the females and four point eight percent of the males experienced "extensive" or "severe" crisis. Crisis was, however, defined differently than in LeMasters' study (1957). Russell defined crisis as "a change in self, spouse, or relationship with significant others which the respondent found bothersome". Although the wording of the definition differs from LeMasters', the way in which it was operationalized was very similar; that is, both determined the crisis scores on the basis of the perception of the respondent.

She found that the type of difficulties that bothered women were clustered around the emotional and physical self, while the men were bothered by a broader range of concerns, including problems external to physical and emotional self.

In terms of gratifications, Russell (1974) found that both men and women clustered around personal rather than the husband-wife relationship or the relationship outside the marriage. Examples are: (1) pride in my baby's development, (2) fewer periods of boredom, (3) feelings of fulfillment, (4) baby fun to play with, (5) a purpose for living, and (6) enjoy baby's company.

Most of the couples reported that their marital relationship had either improved or stayed the same since the birth of the baby.

The variables that were related to having gratifications as parents were as follows both for men and women: (1) lower education, and (2) perceived positive influence of baby on marriage. For men, preparation for parenthood, wanting more children, and seeing the "father" role high on a hierarchy of roles was positively related to gratifications, while occupational prestige was negatively correlated. For women, seeing the "mother" role high on a hierarchy of roles and marital satisfaction was positively related to gratifications. One further variable, number of months married, was significantly related to gratifications, but in different directions depending on whether she was under twenty-three or over twenty-three. Women over twenty-three received less gratification the longer they were married, while women under twenty-three received more gratification the longer they were married.

Coping Patterns in Initial Parenthood

Although Russell (1974) attempted to move away from viewing transition to parenthood as a strictly crisis event and looked at gratifications received in parenthood, she still focused heavily on the problem areas associated with parenthood. She did not mention how the couples coped with the problems or gratifications they encountered.

The more recently published studies (Fein, 1976A, 1976B; Wente and Crackenberg, 1976; and Titus, 1976) attempt to define the actual coping behaviors husbands and wives use at the time of the birth of the first child. Fein (1976A; 1976B) interviewed thirty-two middle income couples who were expecting their first child at two time intervals. The interviews occurred four weeks before and six weeks after the birth of the baby. He found that by six weeks after the birth, most couples had developed relatively ordered patterns of home life and baby care, and seemed to be coping well with the realities of parenting. He also found three postpartum patterns which the men followed. One pattern he called "the man in the breadwinner role". Here, the men tended to see themselves as responsible for providing financially for their families, while their wives stayed home to care for their infants. Before birth, these men typically took a rather business-like view of their approaching parenthood. They often made statements like, "I'll handle the situation as it comes up." After the birth, they were proud of their wives and infants, concerned with their responsibilities as financial supporters of their families, slightly involved in the daily care of their babies, and looked forward to being able to share interests and activities with their child. The men reported that they and their wives had agreed upon distinct divisions of labour.

A second adjustment pattern found was called the "non-traditional role pattern". The men in this pattern saw themselves deeply involved in the daily care of their babies and split most infant care tasks with their wives. Most of the men arranged their schedules to spend more time at home in the postpartum weeks. Almost all of their wives wanted to combine mothering with work in the paid labour force or work toward professional degrees, after several months postpartum. These men all felt that pregnancy, birth, and childbearing could be experiences that men and women could share. There were ten men in the breadwinner role and nine men in the non-traditional role. All had few difficulties in adjusting to parenthood.

The third pattern is a "residual" one, which did not fit into any particular role pattern. The one thing these men all had in common was that they had, in this third category, a good deal of difficulty in postpartum adjustment. This involved eleven men in the sample. The men in these families seemed generally unsure of how they wanted to be involved with their infants, as non-traditional fathers, and how much they wanted to adopt the breadwinner role. Often their wives appeared to share this uneasiness; wanting, on the one hand, to be principle and full time caretakers of their babies, and on the other hand, to share child care fully with their husbands. They seemed unsure of which role norm they should follow.

They appeared to be caught between traditional role patterns and non-traditional ones, as well as being unable to develop an intermediate pattern which they agreed to follow.

Aside from these patterns adopted by the men, Fein (1976) found four factors which emerged from the interview which were important in determining how the men adjusted. These were: (1) health of the baby, (2) the couple's negotiating process, (3) the coherence of roles in the relationship, and (4) family and work support given to the men. In terms of health of the baby, if the baby showed signs of colic and experienced fitful sleep, the men had greater difficulty in adjusting. As for the couple's negotiating process, he found that women's pre-birth expectations of men's infant care involvement predicted men's involvement even more strongly than did men's expectations. He stated that this points to the possibility that men and women made "deals" before the birth regarding postnatal division of labour. It may be that women have the upper hand or power when it comes to these matters. Cronkite (1977) supports this view. Fein (1976) suggests that the way the deals were made and the successful follow-through seems to affect adjustment. In terms of the coherence of roles, it seems that agreement between husband and wife on the ways they would share and divide basic family tasks results in better postpartum adjustment, rather than the development of a role of

either low or high home-life sharing. As for family and work support, Fein (1976) found that the support received from either work or family had a positive effect on post-partum adjustment.

In the same study, but reported in another paper, Fein (1976B) found that men experienced ambivalent feelings in becoming parents. They felt both excluded and included in the new family. Feelings of exclusion were expressed in two ways: first, by wishing they could be more involved in the home. However, certain factors, such as work, financial matters, wives' taking over responsibility for child care duties, made this difficult. Second, the men felt that there was a change in the prenatal pattern of receiving attention from their wives. They felt that there was a significant decrease in the amount of time spent alone and the amount of attention given to each other, after the birth of the baby.

Feelings of inclusion resulted when the men were able to participate in infant care activities. In fact, Fein (1976) found that men's reports of doing infant care together with their wives were significantly related to drops in anxiety about their babies.

In another study, Wente and Crackenberg (1976) reported that husband and wife relations were the best predictors of both the degree of change reported by the fathers and the total amount of difficulty associated with that change. The more difficulty the fathers

reported in husband-wife relationships, the higher their adjustment difficulty. Three other items were also correlated with adjustment difficulties: (1) being tied down at home, (2) lack of knowledge of parenting, and (3) missing sleep. These difficulties were soon resolved after a period of time, but one remained for a greater period, which caused some difficulty. This was "wife had less time for me."

A very recent and interesting study on the transition to parenthood by Titus (1976) examines the role of family photographs as an aid in the transition to parenthood, through role-playing and ritualization. She is of the opinion that parents do take a lot of photographs in the initial stages of parenthood as an aid in making a smooth transition to parenthood. When parents pose and see themselves in the photographs, they role-play parenthood and this helps them in their commitment to the role, especially when they give the photos to significant others (1976:529). This study was exploratory and more research is needed to fully verify her understanding of this phenomenon.

In summary, the above studies point to several overall conclusions, namely: (1) The transition to parenthood is not easy and causes a change in the routine habits of the parents. These changes involve emotional concerns, like feeling tired, depressed and edgy, by the mother, for the most part, while the father feels emotional

concerns, such as tiredness, and exterior relationship pressures, such as economic. (2) Although the transition is difficult, it cannot be seen as a crisis, as was first reported. Couples do find satisfactory coping ways to deal with the transition, some of which are: (a) couples agreeing on role obligations within the family unit, (b) both partners becoming involved physically and emotionally with the care of the child, and (c) obtaining support from family and friends. (3) Most couples who enter parenthood for the first time are unrealistic in their expectations but quickly learn and willingly cope with the difficulties. They see this as part of a necessary process in becoming parents.

Despite the third conclusion, there is no published study which examines longitudinally the expectations and adjustments relating to the transition to first parenthood. To date, no research has looked at expectations that couples have prior to the arrival of their first child and correlated these with their subsequent adjustment difficulties and successes. To accomplish this, there is a need to move beyond the "crisis" issue to a more dynamic and thorough understanding of the process of becoming a parent for the first time. A controlled longitudinal study would be a very effective approach to the study of the problems and gratifications of first time parenthood.

Though the aforementioned studies and comments relate to situations faced by biological parents in

parenthood transitions, adoptive couples are also faced with a transition of moving from a marital unit to a family unit, by the addition of an infant child. The manner of obtaining the child differs between biological and adoptive couples but the resulting triadic situation is similar. The similarities or differences remain to be seen.

Adaptation to Adoptive Parenthood

Jaffee and Fanshel (1970) once concluded that "the adoptive family is a rather special, possibly exotic, species sharing some of the characteristics of the broader genus of family, while being unique in other respects" (367). This statement is supported by the way researchers handle the study of natural and adoptive family groups. Much of the studies on transition to natural parenthood focuses on role relationships, marital satisfaction, and other microsociological variables while adoptive studies focus on psychological and psychoanalytical variables, which emphasize internal individual psychological states and personality development. It is difficult, then, to compare the previous studies reviewed with the following studies on adoption. There is a need to do similar studies on both adoptive parenthood and biological parenthood in order to determine in what ways adoptive parents are unique or similar to their biological counterparts.

The earliest reported study on adaptation to adoptive parenthood is an unpublished work by Bedoukian (1958), as reported in Elkin (1964). The study was based on interviews of a sample of 70 families in Quebec. It focused on comparing adoptive parents' and natural parents' feelings about parenthood. The adopters looked upon their role as involving considerable degrees of deprivation and handicap, but resisted the implication of differentness, responding with mechanisms of rationalization, denial, and suppression. The adopters also expressed frustration and uneasiness when dealing with problems of infertility. Many felt insecure in their relationship with their adoptive children and, because of the absence of the biological tie, often felt that the whole relationship, which had been consolidated for years, could be damaged.

Expanding on this theme is an extensive study done by H. David Kirk (1964). He found that involuntary childlessness represented a serious crisis for women. In fact, a total of 434 classifiable replies (the sum of husbands' and wives' responses) to the question, "There was once a time in your life when you wanted children but could not have them. What word or words would best describe your feelings at that time?", 149 (thirty-four percent) expressed characteristics of strong deprivation. Out of 241 wives, forty-two percent expressed their deprivation in "strong terms" while only twenty-four percent

of 193 husbands' replies could be so classified. Men, although they may be disappointed by childlessness, appear to feel less deprived. The fact that the couples do receive a child through adoption does not necessarily mean that the crisis is over.

In terms of coping with adoptive parenthood, Kirk (1964) has formulated the following theory of adoptive relations: (1) Childless couples entering upon adoption are confronted with a series of difficulties which can be identified as role handicap. Role handicap is defined as discrepancies between the cultural script and the personal or group encounter with reality (Kirk, 1964:13). Situational discrepancies tend to result in interference with competent role performance, that is, expectations cannot be met or there is a lack of clarity in role expectations. Burr (1973), in reviewing the literature, found that role clarity was positively related to ease with which role transitions are made. If this is true, one would expect that adoptive couples would experience some difficulty in making a smooth role transition to become adoptive parents.

The cultural script in our society, in relation to becoming parents, centers around becoming pregnant and becoming the biological parents of a child. All other ways of obtaining a child are considered as out of the ordinary (Kirk, 1964). However, very recent data indicates that there is a broad normative support for adoption

as a means of increasing family size (Bonham, 1977). Kirk, in a 1961 questionnaire study of 283 adoptive couples, asked several questions regarding how hard they found the adoptive process and procedures. He found that fifty-four percent of the wives and thirty percent of the husbands said that they found the experience of childlessness difficult; thirty-eight percent of the wives and twenty-four percent of the husbands deplored the lack of time table in family formation by adoption. Thirty-one percent of the wives and twenty percent of the husbands mentioned three or more other difficulties. Nineteen percent of the wives and thirty-two percent of the husbands claimed to have found none of the listed experiences difficult or hard. Here, again, we see that women report more instances of role handicap.

(2) This role handicap is reinforced by attitudes of other people. Kirk (1964) found that the adopters' parents approved before and after the child was placed for adoption but that there was a much greater swing toward complete approval once the child had become part of the adoptive household. It seems that, although the adoptive child's grandparents do not show overt disagreement with adoption, there are covert disapprovals. There is then a pre-eminence of sentiments favoring biological parenthood over adoptive parenthood throughout the community and amongst relatives (Kirk, 1964; Schedter, 1970).

(3) In the form of parental dilemmas, the role handicap is carried in the evolving family relationships.

Kirk identifies four such dilemmas: (a) The dilemma of enchantment versus disenchantment in parental role definition. In our society, parenthood is still widely held in an enchanted manner, though this has diminished considerably in the last few years (LeMasters, 1974).

Parenthood is seen as whole and indivisible from the beginning of love of mates, through conception, pregnancy, birth, and child rearing, while adoptive parenthood is seen as doing something special or being a second best solution. If the parent chooses not to reveal to the child that he is adopted and does not recognize that he is different from other parents, then he follows the regulation model of parenthood and thus feels fewer pangs about the difference visible to the community. However, the parent is faced with the price he must pay for hiding something important from the child. (b) The dilemma of integration versus differentiation is a second problem. Parents with adoptive children are faced with trying to integrate the child who has to come from outside the immediate family, yet be conscious that the child is more separate from them than a biologically-born child would be. At the time of placement, the child is only "on trial" as it were, since the final papers are not signed for some time after the placement of the child. Again, if the parent tells the child he is adopted, there is a notion that the integration in the family is not as complete as with other children. If the parent does not

reveal this fact, the adoptive couple will pay the price of those feelings of guilt which are the lot of those who offend certain valued beliefs. (c) A third dilemma is one of ignorance versus knowledge of the child's background. The problem here is what shall the adoptive parent do with his knowledge of the child's background. He can ignore and forget the information, and in this way, identify better with the child, yet risk not revealing pertinent information at a time of medical crisis. The adoptive parent can take the information seriously and record it, but this will continually remind the parents that the child is different from them. It is a dilemma which poses the problem of whether or not the parents choose to think about the child's origins. (d) A fourth dilemma is one of reproductive morals versus the principle of respect for individual personality. This dilemma involves how the adoptive parents think and feel about the child's original parents. The parents are faced with a conflict between the desire to bring up their children along the lines of "proper", sanctioned sexual conduct, which the natural parents seemed to have ignored, and the desire to spare the reputation of the child's natural parents. It is the dilemma of whether to tell the child that he was born out of wedlock, and if to admit it, how to do so without either slandering or condoning it.

(4) To cope with role handicap and feelings of alienation, the adopters take recourse in various supports

for their roles. These mechanisms seem to be of two types: those which serve the adopters in denying that their situation is different from that of the biological parents (rejection of difference), and those which acknowledge a difference (acceptance of difference). Kirk admits that this separation of the way parents cope is one of pure type. Observation of actual parental behavior suggests that a "mixed" coping is rather typical. The important factor is in which direction the parents lean.

(5) The greater the original deprivation and the consequent role handicap suffered, the greater the likelihood that adopters will lean toward mechanisms of coping by rejection of difference. Kirk found that, when he sent out a questionnaire asking couples about their acceptance or rejection of difference, he received less response from couples who had fewer children than from those who had adopted more. He found that, of 487 non-fecund couples who remained childless for less than eight years, fifty-nine percent responded to the questionnaire. Of 352 couples who were childless for at least eight but less than twelve years, fifty-two percent answered the mail questionnaire. Finally, of 211 couples who were childless for twelve years or more, only forty percent responded. Kirk concluded that couples with more than one adopted child were significantly more committed to the picture of themselves as adoptive parents than were those who only adopted one child.

(6) The final proposition of Kirk's theory is that, for all parents in our society, certain cultural goals may be assumed. There is no doubt that adopters, along with natural parents, seek to have stability and permanence in their families, which will yield personal satisfaction. Stability requires rules of conduct. Families that are not regulated by tradition must depend on the interpersonal skills of their members for internal order. In the situation of adoption, these skills imply empathetic and ideational communication with the child about his background.

(7) Adoptive parental coping activities of the type of "acknowledgement of difference" are conducive to good communication and thus to order and dynamic stability in adoptive families. Coping activities of the type of "rejection of difference", on the other hand, can be expected to make for poor communication with subsequent disruptive results for the adoptive relationship. In support of this statement, Kirk found support for the following hypotheses: (a) a high degree of acknowledgement of difference is associated with a high degree of empathy with the child (Kirk, 1964:65), (b) empathy and communication of ideas are closely related (Kirk, 1964:65), (c) a high degree of acknowledgement of difference is associated with readiness to think about the child's natural parents (Kirk, 1964:65), and (d) the higher the degree of acknowledgement of difference, the more likely

that the adopter will feel his situation to be especially satisfying (Kirk, 1964:65).

Since this study was made, many additional changes have occurred in our society and one may question the validity of the theory in the Seventies. A more recent study by Senzel and Yeakel (1970) shows that the theory is still important to consider today. They studied twenty pairs of parents of seven to seventeen year old children adopted in infancy. The parents responded to questions designed to observe flexibility of pre-adoptive preferences, maturity of object choice, capacity for object relationships, and use of acknowledgement of difference and rejection of difference of the biological origins as the integrating premise of their adoptive parent roles. The proposition that greater maturity of object choice and use of acknowledgement of difference were associated was statistically supported. Findings also revealed there was a significant relationship between better scores on relationship capacity and acknowledgement of difference as a coping mechanism. From this study, we see that Kirk's conception of acknowledgement or rejection of difference is a critical issue in understanding adoptive parenthood.

A study by Lowder et al. (1969) indicates that adoptive parents' psychological reactions to infertility have a correlation with their ability to psychologically parent a child. Couples appear to perceive their physiological inability to conceive as related to their

psychological inability to parent children. Lowder et al. (1969) examined the outcome of adoptive placements in relation to various criteria. The results showed that the ability of the father and mother to accept infertility had a bearing on their acceptance of the adopted child and, hence, the child's later functioning.

The above studies indicate that much of the difficulties that arise in adoptive parenthood center around feelings with regard to infertility and feelings in regard to telling a child that he or she is adopted. How the couples cope with these feelings seem to affect parent-child relationships.

One index which may reveal the extent to which adoptive parents are able to immediately cope successfully with these issues is to look at adoption failures. Adoption failure is defined as termination of the adoptive placement before legal adoption. Kadushin and Seidl (1971) reviewed eight studies on this subject. They found that a very low failure rate occurred (one point seven percent average, with a range of one to six point three percent). In looking more closely at the failures, they were able to categorize three areas that were stated as reasons for failures: (1) Child-related factors can be identified as placement of boys, placement of older children, multiple placements, childhood deprivation, child disruptiveness, demanding or antisocial behavior, or failure in developing positive relationships with

adoptive parents. (2) Adoptive home factors were identified as parents who already had children, second placements, older parents, unfulfilled parental expectations concerning age, sex, intelligence, and behavior of child, parental problems relating to failure to develop positive relationships with child, abuse, neglect, functional inadequacy in parental role, marital conflict, rejection of child by significant others in the household such as siblings or grandparents. (3) Situational factors were overrepresented by financial stress, death of adoptive parents, mental or physical illness of parents, child found to be seriously defective after placement, illness in the child, moving, and other disruptions.

The overall failure rate by category was fifty-four point five percent caused by adoptive home factors, twenty-three point five percent by adoptive child factors, and twenty-two percent caused by situational factors.

Among those children who were placed in adoptive homes prior to age three, sixty percent of the failures were attributed to home factors, whereas only thirty-seven point five percent of failures were so attributed to placement of children aged ten or more. Of all failures, fifty percent were later successfully placed.

Summary and Conclusion

Feldman and Feldman (1975) suggest that the family career can be divided into four sub-careers: sex experience,

marital, parental, and adult-parent. Each of these careers can be seen independent of each other and can be entered into by various means. For example the parental career may begin with the birth of a child or the adoption of a child in the family or by bringing a foster child into the family. Each of these careers has a beginning and an end and at given points they intersect with each other. These intersections, for example the time at which the parental career intersects with the marital career, are crisis points which may precipitate changes in the family system.

The above review of the literature indicates that, during the transition to parenthood, there does occur changes within the marital system, especially for natural parents, as these have been studied fairly extensively. The studies on adoptive couples also show that they are faced with changes but these may be of a different nature than those of biological parents. Both adoptive and natural parents seem to experience a good deal of psychological and emotional difficulties during the transition to parenthood. However, the source of these difficulties is different, as biological parents experience the physical elements of pregnancy and labour, while adoptive parents are faced with the lack of these and must contend with infertility and telling a child he is adopted. The differential effects that a child, the third member, will have on the marital unit has been examined to some extent

with natural parents but little data of this type is available on adoptive couples. This thesis hopes to explore this very aspect.

CHAPTER III

CONCEPTUAL FRAMEWORK

Various conceptual frameworks have been used to view the transition to parenthood, namely: structural-functional, interactional, and psychoanalytic approaches. This chapter will review how each framework has addressed itself to specific issues in the transition to parenthood. Following this overview a detailed description is given of the developmental framework which has been chosen for this thesis to provide the conceptualization and operationalization of this phenomenon.

Since this thesis concerns itself with roles and role transition, this researcher will begin by first defining what is meant by these and how they are seen by the two most popular sociological theories, structural-functionalism and interactionism.

Roles and Role Transition

Most sociologists agree that roles are prescriptions for behavior (Heiss, 1968). At one extreme there is the conception that these are specific scripts which are matters of general agreement within the society. Role performance then involves playing out the part indicated by the script and there is relatively little need, or room, for "ad-libbing". The structural-functionalists lean in this direction.

The other extreme view holds that there are no such scripts. According to this idea, in each interaction the actor must improvise a performance on the basis of immediate cues. Role-learning in one interaction is assumed to have very little carry over to the next interaction. One develops a specific set of expectations held by a specific other with whom one is currently interacting. The interactionalists lean in this direction.

Role transition is the process of entering or leaving a role. It is a change in the role expectations or norms which results in a change in a set of behaviors. How one changes role expectations depends on how role-learning takes place.

Structural-Functional

The structural-functional approach leans toward the view that social scripts are matters of general agreement within a highly structured society and that these scripts are seen to have a specific functional purpose for the maintenance and stability of society. The main issue in transition to parenthood addressed by this framework revolves around reproduction and its legitimacy. Every society seeks in various ways to maintain itself, to preserve its continuity and parents are society's agents for replenishing its population. However, there are legitimate and illegitimate means of doing this with their consequent rewards and sanctions

(Vincent, 1966). Unmarried women who reproduce are seen as deviating from the functional social script (Vincent, 1966), as well as married couples who voluntarily avoid having children (Veevers, 1976).

Adoption is seen as a legitimate means of family expansion for infertile couples and a legitimate means of unmarried women to avoid the stigma of unmarried parenthood. However, adopting couples face a role handicap in becoming parents (Kirk, 1964). Society provides a script which says that parenthood is achieved through pregnancy, labour and birth and that the children one raises are usually one's own genetically endowed children. Little social support or recognition is given to couples who adopt "other people's children" (Kirk, 1964). Role-learning is difficult because the status of adoptive parenthood remains ambiguous.

Another issue is the effect that the addition of a family member by birth or adoption has on family boundaries and stability. Research reviewed in the previous chapter (LeMasters, 1957; Dyer, 1963; Hobbs, 1965; Russell, 1974; Hobbs and Cole, 1976) indicates that addition of a child is disruptive to the family but that most couples regain stability fairly quickly. Pitts (1964:72) suggests that ongoing parenthood presents a further structural problem in that maintenance of a reciprocal pattern in the parent-child relationship is difficult due to the shifting patterns of personality

needs and changing components of role expectations experienced by the child.

The structural-functional approach, however, has not been able to adequately reveal the specific internal effects and the particular role changes needed to make a successful transition nor has it been able to analyze the internal dynamics of an unsuccessful transition. It reveals only its results.

Interactional Framework

The interactional framework approach is concerned with more microsociological issues than with the macro-sociological issues of structural-functionalism. It is more concerned with the internal and unique workings of individual families within a certain society than with the family's functional relationship with society. This framework analyzes the way in which individual family members act and react to the act of the other members and to the meanings attached to these actions. Thus, individuals in the family perceive and evaluate both themselves and the interactive situation in unique ways.

Schvaneveldt (1968:354) states:

Role-taking is the central process in the interactional approach. In this process, every role cannot exist without some counter roles toward which it is oriented. Interaction is always a dynamic process, that is, a process of continuously testing the concept one has of the role of the other. As part of the same process, one acquires expectations of how others in the family

will behave. The knowledge of others is needed by the individual in order that he may be able to predict what others will expect of him. Such knowledge enables him to know how they will react to him. With this understanding he is able to guide his own role performance successfully.

Therefore, the overt acts and sentiments, the gestures and sanctions and rewards all provide the basic script of certain common roles. For example, as argued by Kirk (1964), role-taking is difficult if not impossible for adoptive couples because their role preparation derives from interaction with biological parents. Adoptive parents have, in most instances, little or no intimate contact with adopters as adoptive parents or with adopted people. Furthermore, since the whole process of adoption is shrouded in secrecy and confidentiality, little opportunity is given to the couples to interact with community members as known adopting couples. Role-learning, therefore, takes place under very limited circumstances and adoptive couples are handicapped in assuming adoptive parenthood.

LeMasters (1957) further identifies that for all types of parents there are three major interactional role difficulties that must be faced in assessing the role of parent. (1) The first is the discrepancy of role expectation. The role of parent is not exactly as they had taken it to be, and once they experience the "reality" of it, they must reorient their expectations when the child

arrives. (2) The second difficulty is the problem of coalition in a triad. The addition of a third member introduces two more possible interaction sequences which complicates the husband-wife interaction. The third member often competes for a greater share of interaction time. (3) The third difficulty is role balance. Due to the addition of the child, the couple's time and energy become divided among roles that make them parents. The couple must continually try to balance the role demands from the child and other role commitments they have made to each other and to the outside community.

Another important interactional process for both natural and adoptive parents is bonding. Turner (1968) views the transition to parenthood as one involving the development of bonding between parent and child, especially the mother-infant bond which is pivotal in this triad and which demand accommodative changes in the husband-wife relationship. The difficulty lies in that the child does not immediately reciprocate the bonding, as the child does not immediately become a social actor and cannot participate in role taking. The bonding is mother to infant and is often only instrumental in nature, that is, task bonding rather than identification or response bonding. In adoption the child is older when placed (three to four months old) and may have developed a social self. However, Anthony and Benedeck (1970) speculate that adoptive parents may have an

advantage over biological parents because the former may use the protective device of "emotional distance" which may permit the child individuation without depriving him of warmth and support. They may be better able to accept the one-sided bonding, the instrumental aspect of parenthood, without attempting to create emotional closeness immediately. Anthony and Benedek(1970), however, do admit that some adoptive parents do over-compensate for the lack of "blood relationship" by neurotically exaggerating closeness which may interfere with the child's development. Kirk (1964) would agree that this would be the case for those parents who reject that they are different from natural parents. Parents who accept such a difference may be able to have a certain "emotional distance" and not feel pressured to create immediate close bonding with the child. No research to date has been done to test out the above speculations.

The essence of the interactional approach is to explain change within the family unit which is the result of interactions between members. To date it has been used to explain immediate change with very little reference to the sequential linkages over time. It has been able to speculate about the changes that occur once the child arrives in the home but has so far failed to examine what occurred during the process of moving from being childless to having a child. The normative and non-normative links

have yet to be spelled out. This thesis hopes to explore this issue, however, through a framework that allows one to look at transitions from a normative point of view.

Psychoanalytic Approach

The psychoanalytic theory concerns itself primarily with personality development. In essence, it is the study of the unconscious to the human mind and to the body. The main focus lies in early childhood development as the core personality structure is laid down in early years of life and subsequent behavior may be traced back and explained with reference to the earliest stages. These earliest emotional experiences are stored in the unconscious and become the basis for conscious and later adaptation to the social environment (Bayer, 1968).

Very little has been mentioned by psychoanalysts about the transition factors of parenthood, mainly because this approach states that development ends with adolescence (Gadpaille, 1975). Recently there has been an attempt by some psychoanalysts to investigate and conceptualize development beyond adolescence and look at parenthood as a continuous developmental phase (Benedeck, 1959; Anthony and Benedeck, 1970; Gadpaille, 1975). Benedeck and Anthony (1970) state that psychoanalysts have failed to perceive and to study the developmental situation of the parent-child relationship from the parents' point of view. They have been more concerned about getting to know how parents affect child development

than about how the child affects the parents' personality.

Since this thesis does not relate directly to personality development, the researcher will not pursue this approach further. This particular approach was mentioned here because most studies on adoptive situations are studies using this approach.

Developmental Approach

Having reviewed how some frameworks have conceptualized the transition to parenthood, the researcher would now like to outline the approach used for this thesis. Because the nature of this study is to explore and observe the changes in a couple's expectations and behavior over a period of time (six to seven months), a framework which accounts for change over time must be employed. The theoretical approach which this researcher feels best suits this thesis is the developmental framework. Because of its emphasis on the normative dimension of family structure and process over time as well as having the potential to anticipate the direction of change, it presents a particularly valuable approach to family study. It also appears to fit theoretically with Kirk's (1964) understanding of the phenomena, particularly his hypothesis of difference.

Briefly, this framework "treats interaction and transactions as they change over the life history or career of the family" (Rodgers, 1974:1). It is concerned mainly with norms and behavior over time. As time

proceeds various norms come into play, are modified, and affect one's behavior. In order to understand the complete framework, an attempt will be made to define the basic concepts.

Concepts

The Family as a Semi-closed System

In this framework, the family is seen as a semi-closed system wherein it opens and closes its boundaries to deal with other systems, to be influenced by them, and to allow members of the family to act in other structures both as family representatives and without any reference to their family status. This allows for controlling influences from such systems as kinship, medical profession, occupational, friendship, social agencies, and neighbors.

Norms

According to Rodgers (1973:15) a norm is the basic building block for groups. Since the developmental framework views the family as a small group association, a norm in that context is seen as an expectation shared by family members and considered relevant by them. It is a learned response, held in common by members of the family.

Role

A role is a combination of norms to each other (Rodgers, 1973:16). Roles have to be defined, assigned, perceived, performed, and integrated with other roles

(LeMasters, 1974:60). Nye (1976) identifies eight major family roles for husband and wife: child care, child socialization, provider, housekeeper, kinship, sexual, therapeutic, and recreational.

Role Behavior

The performance of a person fulfilling a certain role is called role performance or role behavior. Put simply, it is the action of performing a role.

Position

A position refers to the location of the family members in the family structure. It occurs when all the roles which belong together and which refer to one potential actor in a group are combined.

The above concepts refer to viewing a phenomenon at one time period. We will now begin to look at these as they change over time.

Development

Development is seen as a process resulting from change. Just as an individual family member grows, develops, matures, and ages, so the family moves through a series of stages from the time of its formation to its dissolution. The structures of the family change over time and, given the varying structures and opportunities to develop a set of normative definitions of its own, the interactional patterns change during the life cycle of the family (Larson, 1972:4). As the members interact with one another over a variety of family matters

happening in the group, a whole set of learned and shared experiences develops which become precedents for further interaction.

Family Life Cycle

For Rodgers (1973:48) the family life cycle is dividing the life of a family into developmental periods.

A developmental period is identified by a distinctive processual character which may be separated from another span of a different character, regardless of the chronological divisions.

The demarcation line from one period to another is determined by the amount of normative change required by the particular family event (Nye and Berardo, 1966). Although various researchers (Sorokin, Zimmerman, and Gilpin, 1931; Duvall, 1957; Feldman, 1961; Rodgers, 1962) have not agreed on the number of stages, agreement has been reached on two divisions at least: expansion, the period of time when the children are born and reared; and contraction, the period of time when the children are launched and the couple turns to each other again. In general, the family life cycle extends from the wedding of a couple to the death of one of the spouses. This particular thesis will relate to two stages within the expansion phase, namely the childless period and the period with children under thirty months.

Change

Rodgers (1973) identifies two types of change; one being disfunctional and the other continuous. A

disfuntive change involves a radical and sudden reordering of role structure of the system while continuous change is less disruptive of the system and allows for a somewhat manageable adjustment of the structure. For example, a disfuntive change could be the sudden death of a family member while a continuous change may be the lengthy illness of a family member followed by his death. In terms of this thesis, Kirk (1968) mentions that the formation of a biological family occurs through a regular timetable (pregnancy, labour, and delivery) while adoptive couples have no such timetable and the child is placed with them at the discretion of the adoption agency. The former situation involves a continuous change while the latter would involve a disfuntive change.

Role Sequence

The normative content of a role that changes over time is a role sequence (Rodgers, 1973:18). The change could be caused by changes in the individual himself, changes in the family, or changes in society at large. As an individual moves through the family life cycle, he is called upon to play a series of roles sequentially, in distinction to the many roles he may play concurrently at any one period of his life. Feldman and Feldman (1976) suggest that over the life cycle of a family there are four main role sequences: sex experience, marital, parental, and adult-parent.

Each of these sequences has a beginning and an end, and at given points intersects with others. At these points of intersection, family changes are precipitated. An example is when the marital sequence intersects with the parental sequence. When these sequences meet, normative changes within the family occur which may precipitate a crisis. Crisis, in this case, is defined as any sharp or decisive change which present role behavior is unable to deal with adequately.

Transition

A transition refers to the moving from one role sequence to another or the changing normative content of positions. It is not difficult to imagine that some transitions are made up of only small changes in expectations and behaviors in a person's life, whereas other transitions necessitate major changes. For example, it has been suggested that the normative changes occurring when one becomes engaged are considerably less involved in both number and significance than those when one assumes the parental role (Burr, 1973:140). Similarly, if one makes a transition involving several roles simultaneously, one will make more changes in his normative behavior than if one changes only one role. Therefore, it would appear that one could expect to experience more difficulty adjusting to the new roles in the transition if one had many normative changes to make. Burr (1973:140) confirms this in his review of the literature on transitions.

Burr (1973:127) also finds that role clarity, the degree to which there is a set of explicit definitions of reciprocal behavior expected, affects the ease with which transitions are made. Kirk (1964) points out that it is this aspect of role transition which causes a great deal of difficulty and concern for adoptive parents.

Rodgers (1974) believes there are four key sources to normative transitions. (1) The first source is a variation of structure. This is due to excess of deficiencies in the structure such as the addition of a family member. The moving from a dyad to a triad is a change in structure which results in normative change. (2) A second source is shifting importance in roles. Throughout the family career, roles change in importance. Dominant roles become recessive and recessive ones become dominant. For example, the role of wife may include being a provider, recreational partner, sexual partner, and housekeeper. These roles may be dominant for the working wife without a child. When this woman has a child the dominant roles may then be child care, child socialization, and housekeeper while other roles may recede into the background even if she continues to work. The provider role may not be as important to her as previously. (3) The third source involves the concept of developmental tasks. Each member of the family and the family unit, as it progresses through the family life cycle, is concerned with expected future changes in its development. Goals, set in advance in terms of role

expectations or normative behavior, come into play and are revised as time goes on. These expectations are referred to as developmental tasks. How the members of the family handle these tasks reflects the successfulness of the development of the family. Failure to incorporate the role expectations leads to lack of integration, extra pressure, and difficulty in integrating future norms into the role cluster of a particular position. Duvall (1971:150) states:

Family developmental tasks are those growth responsibilities that must be accomplished by a family at a given stage of development in a way that will satisfy its (1) biological requirements, (2) cultural imperatives, (3) personal aspirations and values if the family is to continue to grow as a unit.

Duvall has also outlined specific developmental tasks which she deems essential for biological parents to accomplish.

For expectant parents, Duvall (1971:159) suggests the following tasks:

- (1) Arranging for the physical care of the expected baby
- (2) Developing new patterns for getting and spending income
- (3) Re-evaluating procedure for determining who does what and where authority rests
- (4) Adapting patterns of sexual relationships to pregnancy
- (5) Expanding communication systems for present and anticipated emotional needs
- (6) Reorienting relationships with relatives
- (7) Adapting relationships with friends, associates, and community activities to the reality of pregnancy
- (8) Acquiring knowledge about planning for specifics of pregnancy
- (9) Maintaining morale and a workable philosophy of life.

The other set of developmental tasks which relate more directly to this thesis are those that pertain to the childbearing family. These are:

- (1) Adapting housing arrangements for the life of a little child
- (2) Meeting the costs of family living at the childbearing stage
- (3) Reworking patterns of responsibilities and accountability
- (4) Re-establishing mutually satisfying sexual relationships
- (5) Refining intellectual and emotional communication systems for childbearing and childrearing
- (6) Re-establishing working relationships with relatives
- (7) Fitting into community life as a young family
- (8) Planning for further children in the family
- (9) Reworking a suitable philosophy of life as a family.

As mentioned, these tasks relate to the biological family. No such tasks as yet have been developed for the adoptive family. Some of the tasks ascribed to the biological family cannot be applied to the adoptive family. For example, "adapting new patterns of sexual relationships to pregnancy" for expectant couples and "re-establishing mutually satisfying sexual relationships" for the childbearing family assumes that, due to the physical condition of the woman, being pregnant and going through labour and delivery, sexual relationships are disrupted or altered in some way. For the adoptive couple, once they accept their infertility, sexual relationships need to be adapted to this situation but placement of the child does not affect this.

Perhaps the following list of tasks, modified by the researcher using Duvall's format and Kirk's (1964) observations, could be useful:

- (1) Acquiring knowledge about and acceptance of infertility
- (2) Working cooperatively with an agency or person responsible in providing a child for adoption
- (3) Expanding communication systems for present and anticipated emotional needs
- (4) Reorienting relationships with relatives in terms of bringing an adopted child into the extended family unit
- (5) Adapting relationships with friends, associates, and community activities to the realities of adoption
- (6) Arranging for the physical care of the child
- (7) Developing new patterns for getting and spending income
- (8) Re-evaluating procedures for determining who does what and where authority rests
- (9) Maintaining morale and a workable philosophy of life
- (10) Adapting patterns of sexual relationships to being infertile.

For the adoptive couple in the post-placement situation, the following developmental tasks may be important:

- (1) Establishing a love bond relationship with the new child and determining the already established needs and wants of the child
- (2) Adapting housing arrangements for the life of a little child
- (3) Reworking patterns of responsibility and accountability
- (4) Refining intellectual and emotional communication systems for child rearing
- (5) Re-establishing working relationships with relatives

- (6) Fitting into community life as a young family and dealing with community's attitude to adoption
- (7) Accepting the reality and acknowledging the differences that exist for biological and adoptive families
- (8) Reworking a suitable philosophy of life as a family with adopted children.

No research to date has examined the validity of these developmental tasks. This thesis will attempt to explore the possibility of the existence of these tasks for specific couples.

(4) The fourth major source of change in the normative content of positions is related to the day-to-day interaction experiences of the family. These experiences may be idiosyncratic to a specified family and the normative structure that prevails may be inadequate to handle these situations. Rodgers (1974:54) identifies such a situation as normlessness. He further states that there are several types of normlessness: (a) a situation in which there are no norms to guide the actors in their behavior, (b) a situation in which the norms are ambiguous so that it is unclear what behavior is called for, (c) a situation in which there are conflicting sets of norms requiring mutually exclusive kinds of behaviors, (d) a situation in which more than one set of appropriate norms are acceptable. From the research done by Kirk (1968), one can see that adoptive couples would often find themselves faced with situations (b) and (c). Adoptive norms

are often ambiguous and sometimes conflict with norms called for in biological parenthood situations.

To solve the above problem, Rodgers (1974) believes that experience is the key. The experience of novel interactions may serve as a precedent which will guide future behavior in similar situations. Old agreements concerning role relationships are abandoned and new ones are reached in order to carry out more satisfactorily the day-to-day operations of the family. Adoptive couples would be "ad-libbing" more so than biological parents and would probably seek out other adoptive couples to eliminate as much as possible the normlessness of their situation.

Role Handicap

Role handicap refers to the situation in which the norms or expectations learned for a particular role do not fit the lived situation of an individual actor. Kirk (1964:13) defines role handicap as "discrepancies between a cultural script and the personal or group encounter with reality". In the developmental framework, role handicap may be seen as resulting from inadequate role learning for a particular transition. For example, most married couples in our society assume that they will be able to bear their own children. They learn what it means to be parents by interacting with couples who have their own children. However, once they realize that they are infertile, they feel totally unprepared and helpless.

They are handicapped by their previous role learning experience. Adoption requires an acceptance of infertility and a re-learning of role expectations.

Limitations of the Framework

The above description of the developmental framework is not a complete one but it does focus on some of the important issues of normative change which will be an important aspect dealt with in this thesis. Though normative change over time is one of the strong points of the developmental framework, it is also one of its weak aspects. The approach had difficulty dealing with divergent normative definitions within the family. This arose due to the various perception differences that occur among family members (Larson, 1974). Because the normative range within families is broad, individuals within families are allowed varying normative definitions, thus are not restricted to certain ones. Why certain definitions are chosen over others and why the amount of range is tolerated in various families complicates things.

Along the same line of thought, Larson (1974:4) claims that the primary weakness of the developmental framework "lies in its conceptual inability to deal with self conceptions and evaluations and the dynamics of covert and overt behavior processes." If most behavior were normative, most behavior would be patterned and accordingly involve little bargaining or negotiation activities.

In spite of its limitations, the developmental framework has been selected as the approach to view the transition to adoptive parenthood. The researcher feels that the dynamic concepts of normative change included within this framework suit the nature of this study. Recent research indicates that there is a broad normative support for adoption as a means to expand family size (Bonham, 1977). This indicates that there may be other normative aspects to adoptive parenthood which have not been previously studied.

The developmental approach also encompasses the internal dynamic processes in the two stages (the expectant family and the family with a child under thirty months) that will be studied in this thesis. The present thesis will attempt to explore and describe, not quantify, the changes that occur with the onset of parenthood at the two selected developmental stages. This will be possible because of the longitudinal design of this study over a short period of time (six to seven months). This study will also attempt to relate some of the developmental concepts to the transition of adoptive parenthood. Of special interest will be the concepts of transition, role handicap, and developmental tasks.

CHAPTER IV

THE RESEARCH DESIGN

The present study will utilize a longitudinal panel case study model to explore and describe the major role changes and adjustments of first time adoptive parents. According to Babbie (1973:64), a panel study involves "the collection of data over time from the same sample of respondents." The accumulated data will be analyzed through a case study approach.

The Case Study Approach

The case study represents a comprehensive description and explanation of the many components of a given social situation (Babbie, 1973:37). It is most important to realize that this approach to social science differs radically from others in terms of scientific objectives. Whereas most research aims directly at generalized understanding of a single idiosyncratic case, and most research attempts to limit the number of variables considered, the case study wants to maximize them. Ultimately, the researcher wants to seek insights that will have more generalized applicability beyond the single case he is studying, but the case study itself cannot assure this.

The use of the case study approach in research was prevalent in the late nineteenth century psychology.

Much of the research dealt with problems in clinical or abnormal psychology. Single clinical cases were often used to illustrate particular features of a clinical syndrome or to demonstrate a therapeutic technique.

Recently most case study material is used by psychologists, physicians, and social workers. Neil and Leibert (1973) state that the case study has been used in each of the following ways: (1) as a prototypical example to illustrate some form of behavior, (2) to demonstrate important methods or procedures, (3) to provide a detailed account of a rare or unusual phenomenon, and (4) to disconfirm allegedly universal aspects of a particular theoretical proposition.

This thesis will use the case study to provide a detailed account of first time adoptive parenthood because this researcher wishes to investigate the phenomena in depth over a specified time period.

The advantages of the case study may be stated as follows: (1) it is an excellent method for examining the behavior of a single subject in great detail, (2) it is exploratory in character and has the ability to discover unknown facets of a subject area, (3) it is flexible with respect to the choice of dependent variables; that is, there is a usage of a wide range of measures in hopes that they will reveal some unsuspected findings.

The limitations of the case study may be stated as follows: (1) there are no controls for ruling out

alternative hypotheses, (2) the case history material often appears compellingly in favor of one's hypothesis when the case is examined retrospectively, but less so when prediction is at issue, and (3) it is difficult to generalize as the cases used may not be representative of the population.

After discussing the merits and disadvantages of the case history, Neil and Liebert conclude:

In summary, whether the disadvantages of the single case study method outweighs its advantages or not inevitably depends on the purpose of the investigation at hand. The case study method is primarily a preliminary or adjunct research technique in the social sciences, rather than a workable method in its own right (1973:151).

However, according to Selltitz et al. (1959), non-quantified data can be utilized in two ways: "To illustrate the range of meanings attached to any category, and to stimulate new insights." This thesis hopes to focus on these two latter aspects of the case study method. This design then will enable the researcher to more fully explore and describe the changes that occur with the transition to adoptive parenthood at two selected developmental stages.

The Sample

A non-random sample of four first time adoptive couples living in the Industrial Area of Cape Breton, Nova Scotia, were interviewed at three time intervals: immediately after approval, two to four weeks after placement

of the baby, and three months after placement.

The researcher received a list of prospective adoptive couples from the Child Welfare Service of the Diocese of Antigonish. Each couple was contacted and presented with a letter from the researcher explaining the nature of the study and asking if they wished to participate in the study.¹ This was followed by a telephone call to determine whether or not the couple was willing to participate in the study. Participation was voluntary and fully confidential. No attempt was made to control any factors other than that (1) both husband and wife be between twenty and thirty-five years of age, (2) the husband and wife be presently married not less than one year, (3) the couple not have other children, whether natural or adopted, (4) the child placed with the couple not be over one year old and be of the same race as the couple, and (5) the child not be considered a "hard-to-place child".

The interviews were conducted between February 1976 and February 1977. A total of ten couples were contacted to seek their participation in the study. Three couples refused to take part. The reason for the refusals was unwillingness of the husbands to take part. Two other couples were not used in the study as the child was placed

¹The complete letter may be found in Appendix A.

in the home before a pre-placement interview could be arranged. One other couple did have a pre-placement interview but a child was not placed with this couple as they soon separated due to marital difficulties.

Nature of the Interview

The interview used was developed by Sevigny (1976) and modified to suit this particular thesis.¹ The pre-placement interview addressed itself to eight main areas: (1) role-allocation in marriage, (2) marital adjustment, (3) interaction with kin, (4) indices of coping activity by adoptive couples, (5) expectations regarding the child, (6) preparation for parenthood, (7) mother's employment, and (8) demographic information. Of these eight areas, sections 1, 2, 3, 4, and 6 were answered by the couples themselves in the form of a questionnaire. Sections 5, 7 and 8 were conducted as an interview. For clarification purposes the term "interview" will be used at all times to refer to the data-gathering process.

Two post-placement interviews addressed themselves to eight areas of which the first three were identical to the first interview. The areas that were different were: (1) positive and negative attitudes in adoptive parenthood, (2) nature of the placement experience, (3) preparation for parenthood, and (4) adjustment to the child placed in the home. Of the eight areas that were examined, the

¹The complete interview may be found in Appendix B.

first four were treated as questionnaire items and the last four as interviews. The husband was interviewed by a male, the researcher; and the wife was interviewed by a female, the researcher's wife. The interviews were conducted jointly in the interviewees' home in separate rooms.

Definitions and Instrumentation

Following is a description of the various sections of the interview and the instruments used.

Marital Interaction

Marital interaction was defined as the pattern of relationships that exist between husband and wife. Measures of marital interaction used were: (1) Role-allocation developed by Sevigny (1976) which attempted to identify actual role behavior and role norms in the areas of house-keeping, financial responsibility, recreation activities, kinship activities, child care duties, sexual activities, and household repairing. (2) Marital adjustment was measured by the Locke-Wallace marital adjustment inventory short form and scored using the modified form of the marital questionnaire and scoring key developed by Kimmel and Van DerVeen (1974).

Kinship Interaction

The questions for this section were selected from Bert Adams' interview schedule used in Kinship in an Urban Setting (1968). Other questions regarding the relatives' reaction to the couple adopting were posed, as well as

whether any of the relatives were told prior to adoption if the couple was planning to adopt.

Attitudes toward the Adoption Situation

Two measures were used in this section: (1) Kirk's (1968) indices of coping activity (orientation toward "acknowledgement of differences"), and (2) a questionnaire developed by Sevigny (1976) to measure positive and negative attitudes toward parenthood. This latter measure was adapted by the researcher to suit the adoptive situation. Separate forms were developed for husband and wife and were used for the second and third interview.

Preparation for Parenthood

This section was also developed by Sevigny (1976) and adapted by the researcher to fit the adoptive couple's situation. The couple was asked to list the source of information on various topics, as well as rank order the three most important topics to them at this time. The second and third interviews addressed themselves to:

(1) determining whether the couple received adequate information on parenthood, (2) listing the sources of misinformation if there were any, (3) determining if there were any gaps in the information they received on parenthood, and (4) assessing whether the couple would seek out additional information concerning various aspects of parenthood.

Nature of the Placement Experience

The following variables regarding the nature of

the adoptive experience were examined: (1) how the husband and wife felt about the way the social worker handled the placement of the child, (2) their feelings at the time of placement, (3) how these feelings changed as time passed by, and (4) whether any complications regarding the child occurred after placement.

Expectations for the Child, Adjustment to the Child, and Anticipated Changes in Life Style

Open-ended questions were used for this section. The questions centered around: (1) how well the couple felt they were prepared for parenthood, (2) whether the couple had any expectations regarding the child in general or on any particular aspects of his physical or emotional makeup, (3) whether the mother anticipated any problems once she returned to work, after the placement of the child, (4) whether the mother anticipated any problems because of employment, (5) whether the placement of the child caused changes in the husband's employment pattern and his social patterns, (6) how their life style changed, and (7) what caused the most concern since the placement of the child.

Demographic Information

The following variables were looked at: (1) age of each spouse, (2) length of marriage, (3) education of each spouse, (4) religion of each spouse, (5) income of each spouse, (6) husband's occupation, (7) wife's occupation, (8) socio-economic status, measured by Hollingshead's

index (1957), (9) length of time the couple knew they were infertile, and (10) the couple's reaction to this knowledge.

CHAPTER V

CASE STUDIES AND DISCUSSION

The purpose of this study was to describe and explore the effects that a child placed for adoption has on the adjustment and expectations of first time adoptive parents, and to use this information to make suggestions for educational programs for prospective adoptive parents. This chapter will present four case studies of adoptive situations under the following topics: demographic information, reason for adopting, preparation for parenthood, adaptation to adoptive parenthood, marital interaction, and relationship to relatives and community. Summary graphs on role allocation, marital adjustment, and Kirk's index of coping for each couple will be provided. Following this, the researcher will do a comparative analysis of the adoptive couples studied to four matched couples who were also first time parents but gave birth to their own children. This data on natural parents was collected in a previous study by a colleague (Sevigny, 1976).

The Sample

The four adopting couples who participated in the study were all living in Industrial Cape Breton, which is an urban area. Their ages ranged from twenty-four to thirty-one years, length of marriage ranged from three to

eight years, and total family income ranged from 7,200 to 35,000 dollars per year.

The educational level included couples with junior high school and Bachelor's degrees. Their religious affiliation included two couples who were Protestant and two couples who were Catholic. The sample appears to reflect the range of demographic variables of couples living in Industrial Cape Breton. Table 3 summarizes the demographic variables on each couple and a descriptive summary follows.

The MacSweens

Demographic Information

Mrs. MacSween is twenty-four years old, has a grade nine education and considers herself to be a housewife. She is the third oldest of six children in her family of orientation.

Mr. MacSween is twenty-five years old, has a grade twelve education and is employed as a railraod section man. He earns 7,200 dollars per year. He is the second oldest of four children in his family orientation.

Both are Protestants and were raised in a small city in Industrial Cape Breton. They presently live in an old duplex house situated in the more disadvantaged area of the city. They bought their half of the house and have renovated the interior of the home.

Reason for Adopting

The MacSweens have been married for three years and have yet been unable to conceive a child. They had

Table 3.¹ PROFILE OF SAMPLE

		Age in Years	Length of Marriage	Religion	Education	Occupation	Earnings	Class ²	Sex of Child and age at Placement
The MacSweens ³	Husband	25	3 years	Prot.	grade 12	railroad section man	\$ 7,200	IV	male 8 weeks
	Wife	24		Prot.	grade 9	housewife	nil		
The Kellys	Husband	31	8 years	R.C.	grade 11	salesman (self- employed)	17,000	I	male 10 weeks
	Wife	28		R.C.	B.A., B.Ed.	teacher	18,000		
The Robertsons	Husband	29	7 years	Prot.	4 years univer.	accountant	11,000	I	female 12 weeks
	Wife	29		Prot.	B.A.	teacher	16,000		
The MacNeils	Husband	26	5 years	R.C.	grade 9	rink attendant	10,000	III	female 14 weeks
	Wife	25		R.C.	grade 8	hairstresser	5,200		

¹All the information (except for sex of child and age) in the table refers to the data collected at the first interview.

²Class IV is the lowest socio-economic class, while Class I is the highest.

³Names of the couples are fictitious.

consulted medical professionals about their difficulty and it was diagnosed that Mr. MacSween had a very low sperm count. It had been seven months since they had received the final diagnosis of infertility. Both said they were disappointed but they had accepted the fact of their infertility and were glad to know what the problem was.

Mrs. MacSween stated that she received some pressure from family and friends to have a child and stated this was one reason why they adopted. However, the general comment, simply stated by both, was that: "We tried to have a child and couldn't so we adopted." There was a great deal of reluctance on the part of both to speak further about the subject as indicated by their non-verbal cues, such as moving about nervously on the chair, throat clearing, and a concerned look on their faces. Mr. MacSween tried to change the subject by asking the researcher if he should put more wood in the stove as he felt chilly. The researcher did not pursue the issue.

Preparation for Parenthood

Mr. MacSween stated he was well prepared for parenthood, while Mrs. MacSween felt she had some concerns about being a parent. Though Mr. MacSween stated he was well prepared, he mentioned that he had no information in four areas of parenthood: childhood illnesses, changes in emotional and psychological needs, changes in relationship to relatives, and problems around infertility. Mrs. MacSween, on the other hand, stated she had received some

information on all aspects of parenthood, yet she still felt somewhat concerned about relating to a child.

Mr. MacSween received most of his information from courses he had taken and mentioned relatives second most often and the media third. In ranking what he felt were the most important sources of information, he put the professionals first, courses second, and relatives, especially the immediate family, as third. The most important areas of concern were health care first, feeding second, and sleeping and waking patterns third. Mrs. MacSween received most of her information from her mother and friends and very little elsewhere. She did obtain some from the pre-adoption program at the agency, professionals, and through her own experience with children. Yet she ranked the importance of the source of information as pre-adoptive program first, professionals second, and relatives third. The important areas of concern were telling the child he is adopted, childhood illnesses, and health care.

One curious aspect that this researcher noticed was, when asked to rank order the importance of knowing about areas relating to adoption and parenthood, Mr. MacSween never singled out any issue relating to adoption while Mrs. MacSween mentioned "telling the child he is adopted" as the most important issue for her. Problems relating to infertility and the process of adopting were not mentioned at all by either one. When asked if and where they received information concerning these areas,

Mr. MacSween stated that he didn't have any information about problems of fertility and Mrs. MacSween stated she received some information from the doctor, yet both had gone to a doctor concerning fertility problems and it was Mr. MacSween who was diagnosed as infertile. Both had also attended the pre-adoption program which had a two hour session on infertility and telling a child about adoption. Mrs. MacSween nevertheless did mention that she received information concerning bathing the child and labour and delivery from the program. Mr. MacSween did not mention any area that he received information from the program.

Adaptation to Adoptive Parenthood

The MacSweens waited four months for the placement of their child since the application date. They received a two month old boy. The child was healthy and had experienced no complications at birth or immediately following. Both stated that they were pleased with the way the placement was done. Mrs. MacSween stated that the first time she saw the baby she loved him and quickly added, "I still do." Mr. MacSween stated that at the time of placement he "really felt like a father and the feeling is stronger now."

Two weeks following placement both stated that they had a very pleasant baby and indicated that, "he likes to be held and plays with a toy rattle. He sleeps a lot of the time as well as through the night. He only has one fussy period which is about one hour in the evening."

They also stated that the baby was off schedule at first, that is, he frequently woke up crying. They gave him a bottle but this didn't seem to satisfy him so at the suggestion of her mother they gave him blended vegetables. This latter solution helped a lot and the baby appeared to have settled down since.

At the third interview the MacSweens indicated that the baby began to walk around the house in a walker, jumped in the "jolly jumper", and was generally much more active. When asked if the baby slept through the night, Mrs. MacSween stated yes while Mr. MacSween indicated that the baby woke up once during the night and got a bottle and this settled him immediately. It appeared that this waking did not bother them at all.

The most immediate concern for Mrs. MacSween was determining if the baby was happy with them. When asked what caused her the most concern since the placement of the baby, she replied, "I guess wondering if the baby is happy with us now that we have him. I spoil him more--he was two months when we got him and we missed two months of his life--so I tend to spoil him." She also stated that the child did not behave in any way which would indicate that he was not happy with the home but this idea kept coming to her mind.

Mr. MacSween expressed his concern over the baby's health. He stated, "The doctor put the baby on a diet because of his size. I'd rather have the baby bigger and

healthy, but it's the doctor's decision." He seemed to believe that a big baby is a happy and contented baby.

At the third interview both Mr. and Mrs. MacSween were much more relaxed. They fussed less about the baby, offered the researcher coffee, and were more willing to share small details about what had happened between the last interview and this one. It was evident that this couple was settling down to routine daily living and were more comfortable with the baby. Both talked more about rashes, some feeding routines, and other minor baby difficulties they had. Mrs. MacSween was concerned about a diaper rash but stated, "The doctor didn't think it was so bad." She was concerned that the persistence of the rash may have indicated that she was not giving adequate care to the baby, even though she was "doing the best I know how."

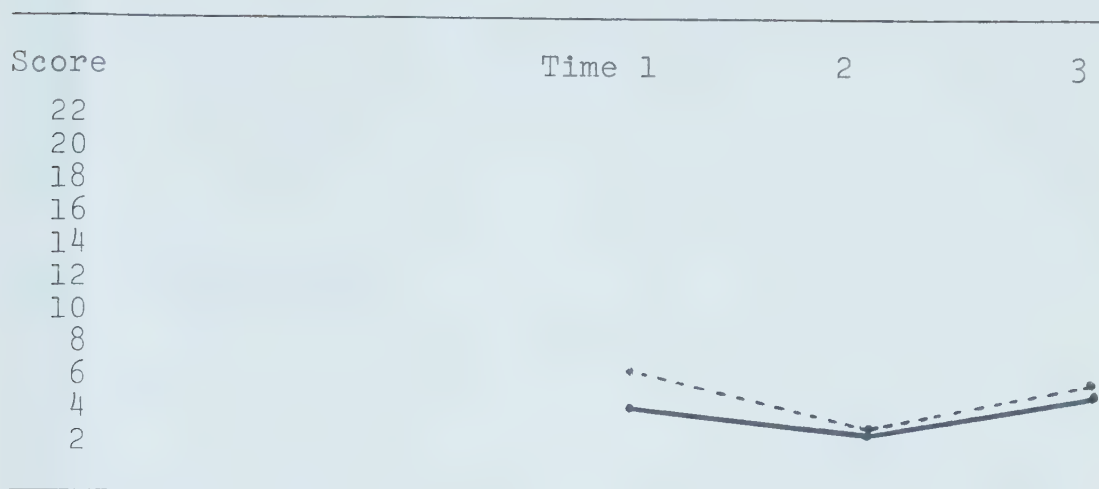
Mr. MacSween also worried about too many loud arguments between he and his wife. He said that this affected the baby: "He cried at these times and when we saw this we made up much more quickly." He saw this as beneficial to themselves and to the baby. Because the baby was in the home, he was planning on cutting down the drafts to keep the house warmer. He quickly added that adoption was worth it. "It makes your house a home, not a hotel anymore. It means something to you to have a baby in the home."

The importance of the parenthood role in their lives is seen when they were asked to agree or disagree with the statement: "I feel that parenthood is the last step in becoming an adult." Mrs. MacSween strongly agreed at the second interview and agreed at the third while Mr. MacSween disagreed at both times.

Kirk suggests that when infertile couples become adoptive parents they make a choice as to how they will cope with their role. They may lean toward strongly identifying themselves with natural parents and reject having feelings that are different from regular parents. The index on which this is measured is a series of questions to which the couples answer whether they have a similar or different feeling to natural parents on specific items. Adding up the number of items to which they respond they feel different gives their score of acceptance of difference. Generally, both Mr. and Mrs. MacSween indicated being more accepting of feeling different from biological parents prior to placement than after placement. Mr. MacSween felt this way more so than Mrs. MacSween. Graph 1 illustrates that the difference in scores between Mr. and Mrs. MacSween over the three time periods is not great. It also illustrates that they identify themselves very closely to natural parents.

On very few items did the MacSweens indicate that they would have different feelings than natural parents. Mr. MacSween at all three time intervals stated that

Graph 1. INDEX OF COPING ACTIVITY



Key: _____ Wife --- Husband

The higher the score the more accepting of difference between adopting and natural parents.

Possible range in score is 32-0.

adoptive parents have satisfactions which natural parents do not have. He often felt keenly aware of the fact that he is an adoptive parent when he and his wife talk about it (at times 2) and when someone says how much the baby looks like them (at times 3). Prior to the placement he had thoughts once in a while about the child's original parents but after placement he stated that he never thinks about them.

Mrs. MacSween at all three interviews stated she had thoughts "just once in a while" about their child's original parents and did not find it "unusual for adoptive parents at times to feel that they might have been happier with another child than the one they had." Yet when asked, "At what time, or in what circumstances are you most keenly

aware of the fact that you are an adoptive parent?", she answered at the first interview, "When talking with friends I bore them with my incessant talking about our future child," but after placement she could not think of any circumstance.

Marital Interaction

Both Mr. and Mrs. MacSween perceived that the initial period of the arrival of the baby in their home brought on a greater sharing of role activity. Though the amount of role activity increased due to the additional role activities brought on by the addition of a helpless third person, the child, Mrs. MacSween's amount of solitary activity decreased while doing things together increased. These levelled off from time two to time three. Mr. and Mrs. MacSween differed in that he perceived Mrs. MacSween increasing her activities and Mrs. MacSween perceived herself doing less by herself, especially at the second interview. Mrs. MacSween continuously perceived herself and her husband to be doing more things together than did Mr. MacSween. Nevertheless, both perceived that the arrival of the child did allow the husband to "pitch in" and help, especially with the household duties and some child care items such as getting up at night when the baby fussed and carrying the baby when they went out. No single child care area was the husband's "usual" duty, while changing diapers was the "usual" duty of the wife alone. Child care items that were done by Mr. MacSween

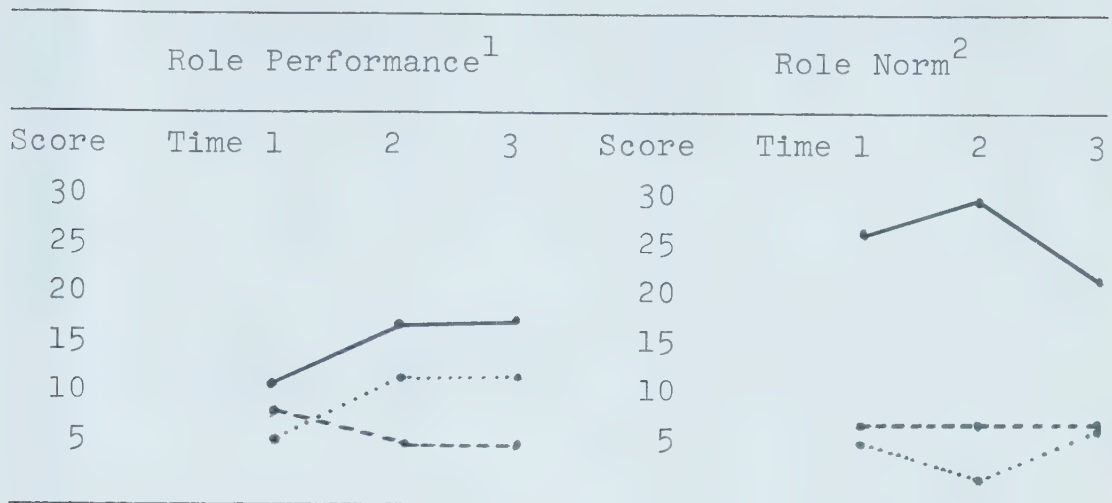
were shared with the wife. However, at the third interview, three months after placement, Mrs. MacSween was doing more and more of the household items which she had been doing prior to placement.

When asked who should be doing various activities, both Mr. and Mrs. MacSween indicated that more activities should be shared than they were presently doing and that the wife should be doing less alone, especially at the arrival of the child in the home. Both felt that the husband was doing what was expected of him. Graphs 2 and 3 show the discrepancy that existed between role performance and role norm.

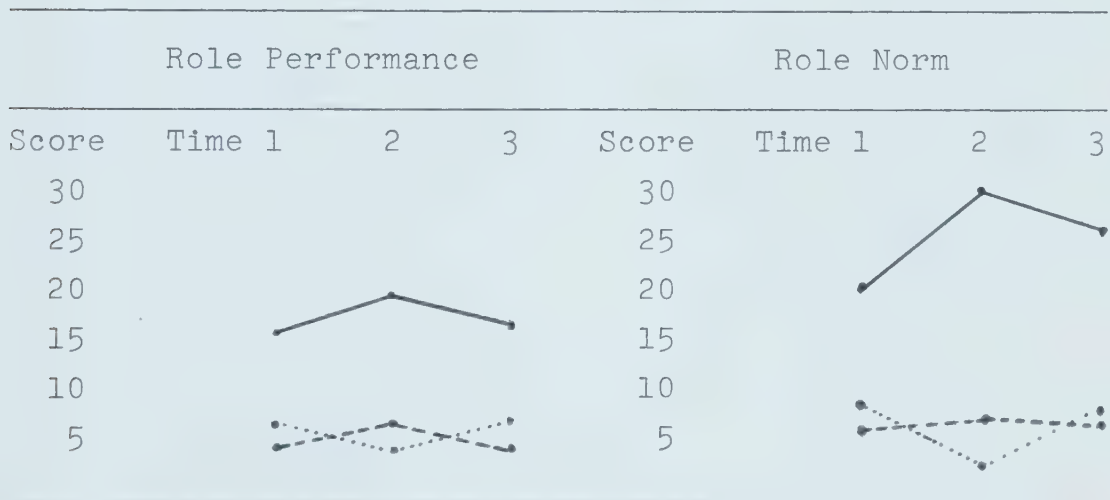
In terms of marital adjustment, the MacSweens generally increased in marital adjustment over the six month period. Mrs. MacSween's score showed a slow and steady rise while Mr. MacSween's score rose sharply from pre-placement to two weeks following placement, then slightly decreased three months later, but remained higher than at time one.

When the marital adjustment score is broken into some cluster components factored out by Kimmel and Van DerVeen (1974), we were able to examine some of the specific issues on which the overall score is increased. Graph 4 illustrates this. For Mr. MacSween, the arrival of the child coincided with his increased score in compatibility and closeness, while Mrs. MacSween increased in sexual congeniality and closeness. Mr. MacSween

Graph 2. PERCEIVED ROLE ALLOCATION BY HUSBAND



Graph 3. PERCEIVED ROLE ALLOCATION BY WIFE

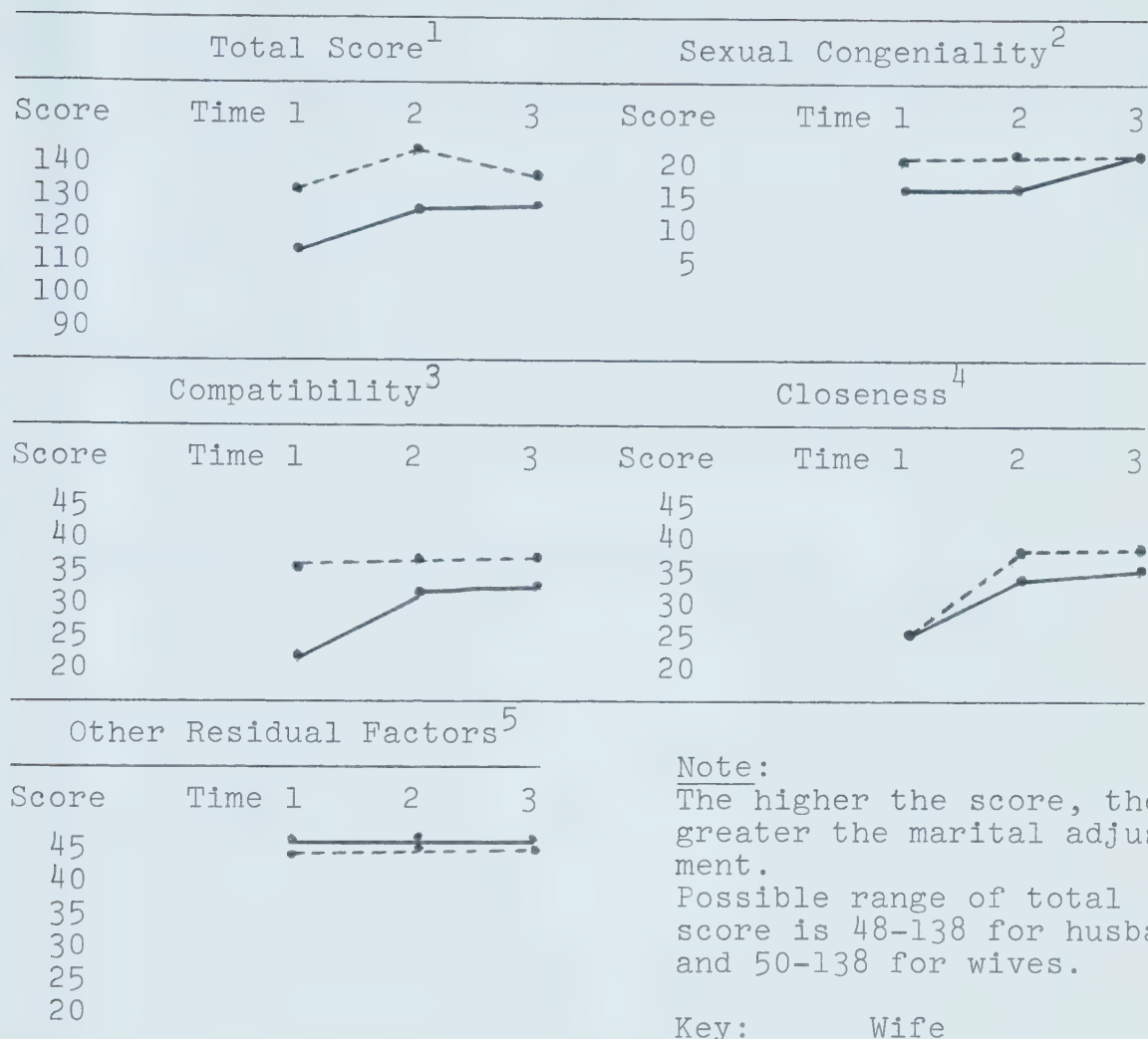


Key: ___ Both --- Husband ... Wife

¹Role performance was measured by asking, "Who usually...?"

²Role norm was measured by asking, "Who should...?"

Graph 4. MARITAL ADJUSTMENT SCORES



¹Total Score refers to score on all items in the instrument.

²Sexual Congeniality refers to items that deal with satisfaction and amount of agreement on sexual relations and demonstration of affection.

³Compatibility refers to the items that deal with satisfaction with the person one married and agreement on the amount of time spent together.

⁴Closeness refers to items that deal with amount of consultation between spouses and amount of agreement on doing things together, as well as agreement on aims and goals in life.

⁵Other Residual Factors refers to those independent of the above factors, such as dealing with in-laws, agreeing on conventional behavior, agreeing on types of friends, matters of recreation, and finances.

indicated that his satisfaction with his wife and the agreement on the amount of time they spent together, as well as an increase in consultation with her and doing things together, had increased with the arrival of the child. Mrs. MacSween also saw an increase in the latter aspect of her marriage and an increase in satisfaction and agreement on sexual relations with her husband. The most dramatic shift occurred for both in the area of increased closeness.

Relationship to the Community and Relatives

Mr. and Mrs. MacSween stated that they were very open with their relatives and friends about their application for adoption. They told their parents and friends about the application and expressed comfort with the positive reaction they received. Since placement of the baby, Mrs. MacSween stated that there was no change of pattern in the relationship with her relatives once the child arrived in their home. Mr. MacSween stated that he saw his parents less often but saw his brothers and sisters more so now that the baby had arrived.

In terms of the rest of the community, Mr. and Mrs. MacSween stated that they now go out less often than they did but they like to stay home to spend more time with the baby. Mrs. MacSween mentioned that they see much less of their friends, especially single friends, than they did before.

When asked if Mrs. MacSween had worked or considered working now that the baby was placed, both stated that she would not work because she "wanted to stay home with the baby."

Interpretation

Two very striking features are present in this case study. One is that both Mr. and Mrs. MacSween knew why they had difficulty conceiving, yet both had difficulty expressing their feelings about their infertility. This was shown by their concern about "telling the child he is adopted." This may be because to do so requires acknowledgement of a deficiency, an inability to conceive. They appeared to have denied the problem in spite of having consulted the medical profession about infertility and having attended a two hour lecture on the problems of fertility. They stated that they had received little or no information concerning this area. Another explanation may be that, while undergoing medical tests, they had already faced and felt it unnecessary to reactivate old hurts and feelings by speaking openly about their infertility to the researcher. Some researchers (Lawder, et al., 1964) indicate that acquiring knowledge about and acceptance of infertility is an important developmental task to accomplish prior to adopting, due to its long term effect on the parent-child relationship. There is little evidence in this study to indicate that this couple has fully accomplished this task. It does support

Wiehe's (1976) findings that some infertile couples appear to have little self-awareness and self-understanding about the impact of infertility.

The second feature of this case study was that the placement of a child in the MacSween home appeared to have coincided with a positive effect on this couple's marital interaction pattern. Their marital adjustment increased and both felt much closer to each other and stated that their marital relationship had improved since the placement of the child. The child appeared to have brought this marriage closer together.

The transition into parenthood appears to have occurred smoothly for this couple. They were very much in the midst of accomplishing some of the developmental tasks necessary to move from a couple with no children to a family with children. Mr. MacSween's paternal feelings of providing and protecting this child were evident. Several times he mentioned that the child made him more aware of the draftiness of the house and that he was beginning to rectify this. He appeared to be working through two developmental tasks, namely: arranging for the physical care of the child (pre-placement) and adapting housing arrangements for the life of a little child (post-placement). Mrs. MacSween showed that she was attempting to work through the tasks of refining intellectual and emotional communication systems for child rearing (post-placement) and establishing a love bond relationship with the new child

(post-placement), and determining the already-established needs and wants of the child (post-placement). This was evident when she mentioned that she was concerned about whether the child was happy with them or not and that she spoiled the child because she missed two months of his life. Mr. MacSween showed he was also involved in this when he stated that they fought less and made up quickly because it affected the child.

The tasks involving reorienting relationships with relatives and friends appeared to cause little or no difficulty. This couple appeared to be very open and at ease with their relatives and friends about adopting.

They did seem to have some difficulty in accepting the fact that they were infertile and accepting the reality and acknowledging the differences that exist between biological and adoptive families.

The Kellys

Demographic Information

Mr. Kelly is thirty-one years old and the eldest of two children in his family of orientation. He has a grade eleven education and is self-employed as a salesman, earning 17,000 dollars per year.

Mrs. Kelly is twenty-eight years old and is the eldest of eight children in her family of orientation. She has a B.A.-B.Ed. degree and is employed as a teacher who earns 18,000 dollars per year.

Both are Roman Catholics and have been married for eight years. They live in a newer section of a small city in Industrial Cape Breton.

Reason for Adopting

After eight years of marriage, the Kellys have been unable to conceive. They did not seek medical advice on their difficulty and are unaware of any medical reason for their infertility. They decided to adopt, according to Mr. Kelly, "because we were not having our own." They had known of their difficulty for one year. Mrs. Kelly stated that they decided to adopt this year because, "Everything added up, we were well off to see ourselves clear without my wages." It appeared that it was important for her to stay home with the child and this was one of the considerations they made when they decided to adopt. She also stated that she felt very disappointed about not having her own children and "it took a lot of talking it out to be able to get used to the idea of adoption."

Preparation for Parenthood

Both Mr. and Mrs. Kelly felt that they were fairly well prepared for parenthood. Mrs. Kelly received a good deal of information about various aspects of parenthood from the media; that is, reading books, radio, and television, and secondly from her mother. Other sources were pre-adoption classes, and her own experience with children. When asked to rank in order of importance the sources of information, she ranked pre-adoption classes first, media

second, and her own experience third. The areas of parenthood she felt were most important at this time were: childhood illnesses, infertility concerns second, and telling a child about adoption third. The areas she did not have any information on were: changes in emotional and psychological needs, and changes in relationships with relatives.

Mr. Kelly also found that the media gave him much of his knowledge about various aspects of parenthood. The pre-adoption program was listed second most often, and his relatives third. When he was asked to rank order the most important sources of information, he listed them as follows: professionals first, relatives second, and pre-adoption program third. The areas that concerned him most immediately were child health care first, childhood illnesses second, and telling the child about adoption third. The two areas in which he lacked information were changes in emotional and psychological needs, and changes in relationships with relatives.

Early Adjustment to the Parental Role

The Kellys received a ten week old male child. They were happy with the way the placement was handled and both expressed feeling instant love and strong attachment to the child. They stated: "When we saw him we knew he was ours." However, once the child was home, the Kellys felt uneasy and uncomfortable at times with the child. The baby fussed, cried, and appeared to be "off schedule", as

Mrs. Kelly explained. She sometimes wondered if the baby was contented and happy with them. She wondered if she was doing anything wrong which may have upset the baby. Mr. Kelly confirmed this when he stated that his main concern immediately following placement was knowing whether the baby was really getting used to them or not, and whether he was handling the baby properly. Mrs. Kelly expressed feelings of helplessness and inadequacy in child care. She was frustrated by the whole situation and stated that she should have sought more information on child care and feeding. The way she dealt with the child's fussiness was to hold, cuddle, and rock the baby a lot. She also expressed appreciation of a note that she received from the foster mother who had written down various aspects of the child's behavior and feeding pattern. She often referred to this letter when she didn't know what to do.

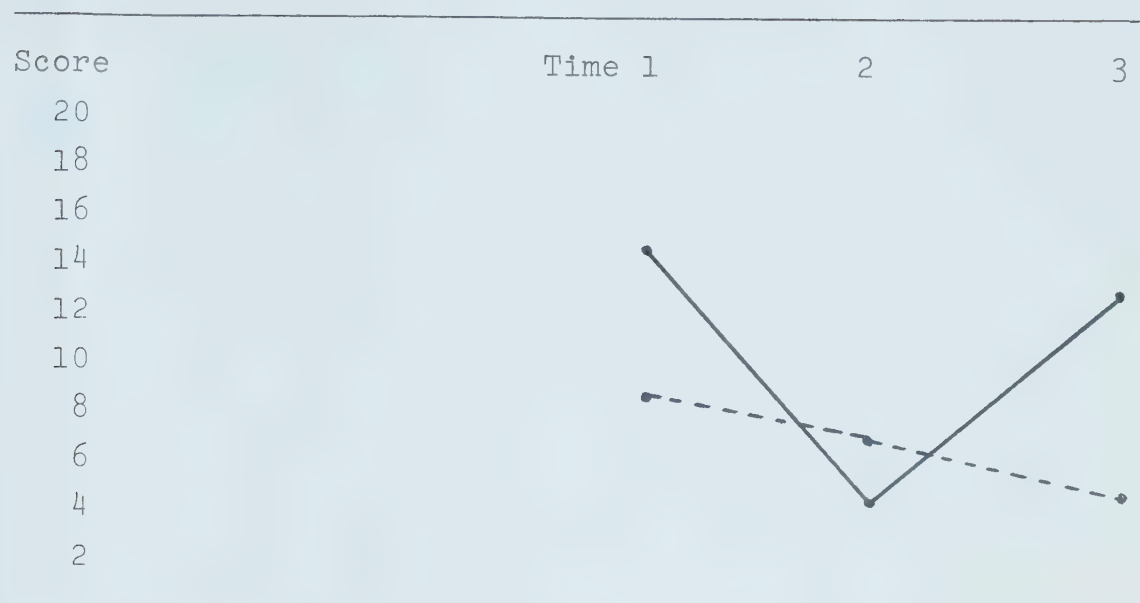
The Kellys did see a doctor for advice and he was helpful but the most helpful person was a friend who had also adopted a child. He was able to reassure them that the situation they were experiencing and their responses were normal. The Kellys stated they needed this type of support and were glad they had it.

Three months following placement both Mr. and Mrs. Kelly stated that they were still concerned about the baby being secure with them. Mrs. Kelly stated it this way: "You're constantly worrying about him yet you're willing to do anything for him." Mr. Kelly stated:

"An adopted baby needs a different kind of attention than a child born to you. The adopted baby needs more reassurance because it was passed around. But it's worthwhile." They both agreed that it was worthwhile to go through the process for the sake of the well being of the child.

In terms of their identification with natural parents, the Kellys appeared to have followed the pattern that the greatest identification occurred immediately following placement. Graph 5 indicates the pattern. The greatest acceptance of difference between adopting and natural parents occurred prior to placement. Mr. Kelly continually moved toward a greater identification with natural parents as time progressed, while Mrs. Kelly accepted a greater difference prior and three months following placement. Some of the items on which she indicated ambivalence and personal struggle were her feelings about not bearing her own child. In the first interview Mrs. Kelly stated: "Yes, I think the pregnancy time and birth is definitely a satisfaction I miss." Then, two weeks after placement, she stated, "I don't miss that (the birth) experience anymore," and at three months following placement she stated, "I miss the actual birth experience." Mr. Kelly, however, acknowledged at all three time intervals that his wife and himself have definitely missed an important experience in not bearing a child. He also stated that he felt most different from

Graph 5. INDEX OF COPING ACTIVITY



Key: ___ Wife --- Husband

The higher the score the more accepting of difference between adopting and natural parents.

Possible range in score is 32-0.

natural parents when the child met the relatives, and expressed that he didn't think his feelings would be the same if the child were his own natural child. Both agreed at all three time intervals that adoptive parents have satisfactions which other parents do not have and that other parents have satisfactions not shared by adoptive parents.

Marital Interaction

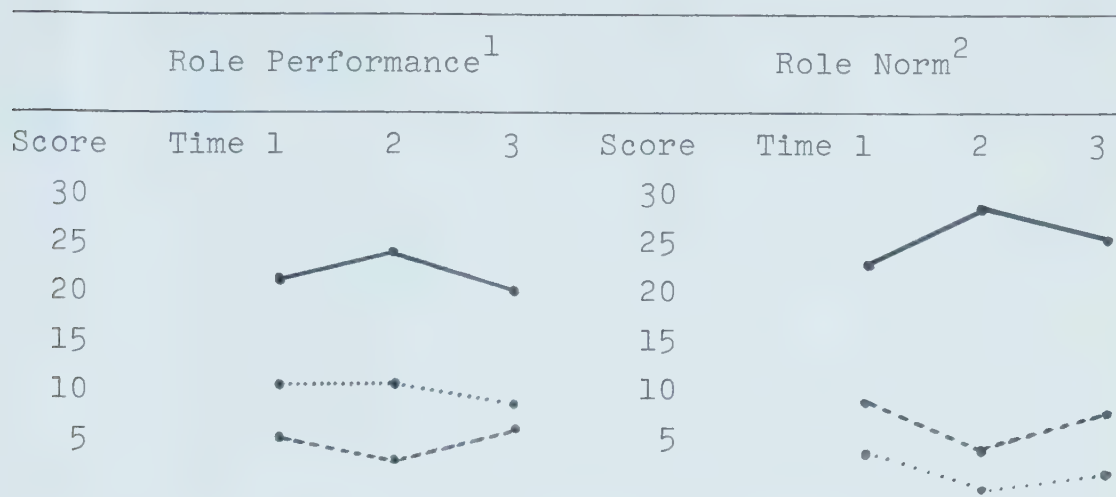
In terms of "usual" role sharing, the placement of a child in this home coincided with increased role sharing as perceived by both Mr. and Mrs. Kelly. Mr. Kelly "pitched in" to help with household activities and some child care duties, while Mrs. Kelly assumed a major

portion of the child care duties and did less household activities.

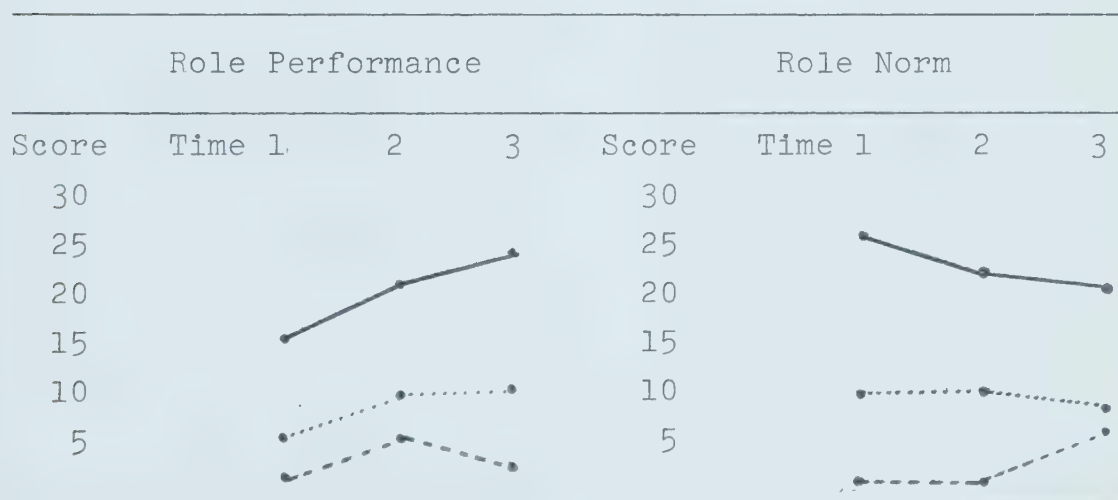
Graphs 6 and 7 indicate that, in terms of role norms, both indicated that shared role activities "should" be done more often than they were actually being performed. Mr. Kelly also indicated that the wife should be doing less than the husband, especially at the initial arrival of the child, while Mrs. Kelly indicated that the husband should be doing less than the wife. Mrs. Kelly's role norms coincided more closely with actual performance than did Mr. Kelly's role norms.

In terms of marital adjustment, Graph 8 indicates that Mrs. Kelly decreased in adjustment from the pre-placement period to three months following placement while Mr. Kelly had a steady increase. The most dramatic shift in the particular area within the marital adjustment scale which appeared to have caused the divergency was in sexual congeniality. Mrs. Kelly experienced a 12 point drop and Mr. Kelly a 15 point rise. Mrs. Kelly experienced the drop at the time of placement while Mr. Kelly experienced the rise in the following three months after placement. Upon closer examination of the interview schedule and the particular questionnaire items concerning sexual satisfaction, it can be noticed that Mr. and Mrs. Kelly did not give answers to certain questions regarding sex relations and affection. Mr. Kelly at times 1 and 2 did not answer questions concerning his satisfaction with sexual

Graph 6. PERCEIVED ROLE ALLOCATION BY HUSBAND



Graph 7. PERCEIVED ROLE ALLOCATION BY WIFE

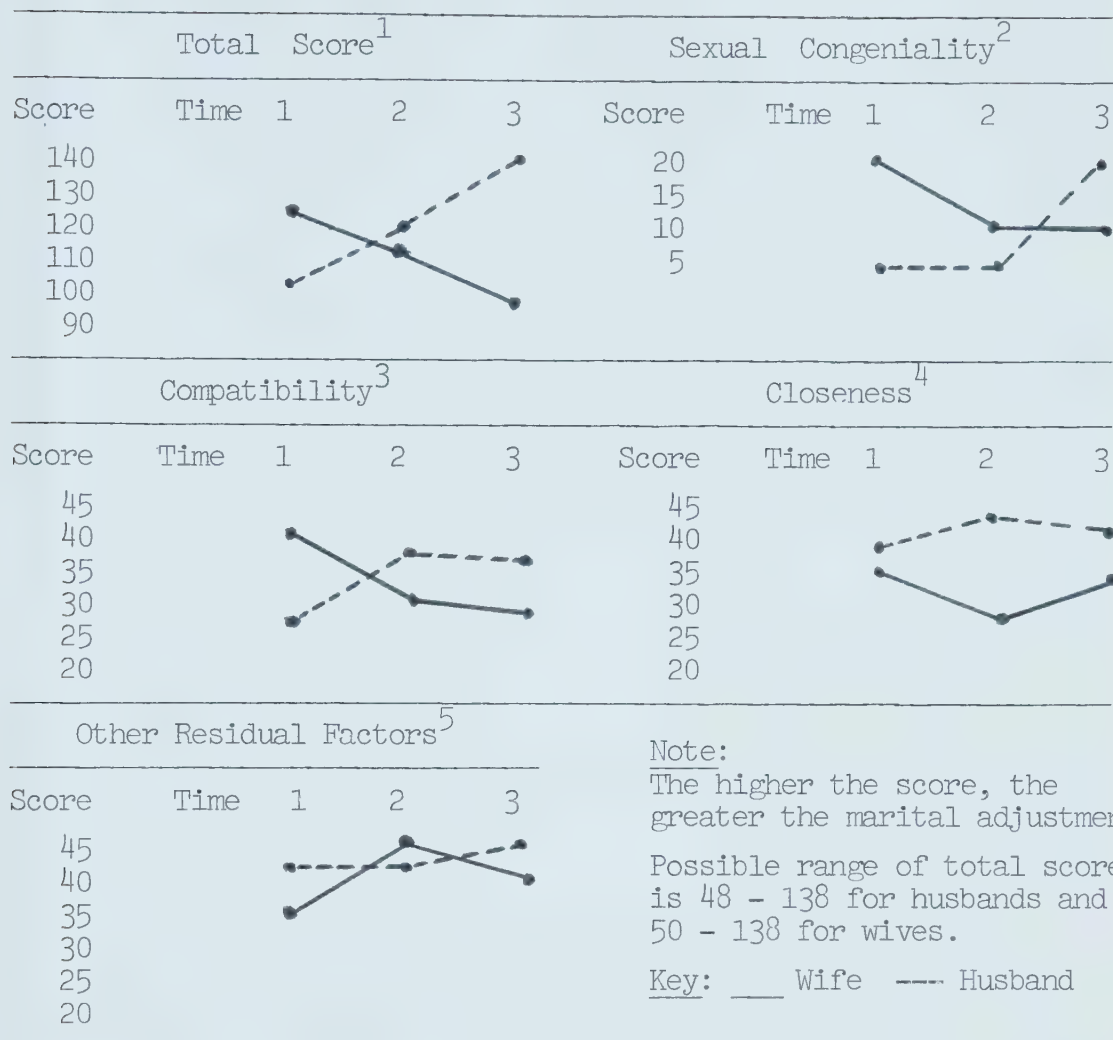


Key: ___ Both --- Husband ... Wife

¹Role performance was measured by asking, "Who usually...?"

²Role norm was measured by asking, "Who should...?"

Graph 8. MARITAL ADJUSTMENT SCORES



¹Total Score refers to score on all items of the instrument.

²Sexual Congeniality refers to items that deal with satisfaction and amount of agreement on sexual relations and demonstration of affection.

³Compatibility refers to the items that deal with satisfaction with the person one married and agreement on the amount of time spent together.

⁴Closeness refers to items that deal with the amount of consultation between spouses and amount of agreement on doing things together, as well as agreement on aims and goals in life.

⁵Other Residual Factors refers to those independent of the above factors, such as dealing with in-laws, agreeing on conventional behavior, agreeing on types of friends, matters of recreation, and finances.

relationships with his wife and his wife's satisfaction during sexual relationship with him. Mrs. Kelly did not answer questions 2 and 3 regarding her husband's satisfaction with sexual relationship with her, agreement on demonstration of affection, and agreement on intimate matters, such as sexual relationships. Yet at a later part of the interview schedule, when both were asked to agree or disagree with the following statement, "I feel unsatisfied with sexual relationships with my wife/husband," Mr. Kelly disagreed and Mrs. Kelly strongly disagreed at both times 2 and 3. The nature of the interview did not permit the researcher to delve into greater depth of this highly sensitive area.

In the areas of closeness and compatibility there was only a slight divergency between Mr. and Mrs. Kelly. Mrs. Kelly also showed an increase in other residual factors from time 1 to 2 and a decrease from time 2 to 3. Three factors appeared to be responsible for this. She found that she and her husband agreed more often on matters of handling family finances and aims, goals, and things important in life following placement than prior to placement but disagreed more often on ways of dealing with in-laws post-placement than pre-placement.

Relationships with Relatives and Community

Mr. and Mrs. Kelly were fairly open with their relatives and friends about their application for adoption. They did restrict this openness to close friends and

relatives, however. They stated that the reaction they received was favorable and they felt good about that.

As for their relatives, Mrs. Kelly stated that, immediately after placement, her relatives visited her more often, telephoned her more often, and she had generally more contact with her brothers and sisters, who were the ones who initiated the contact more often.

Mr. Kelly didn't notice any particular change in pattern of contact with his relatives, except that there was an increase with his married sister and her two children. Contact was initiated by his sister.

Although, prior to placement, Mrs. Kelly stated that she would not require any help when the baby arrived, she did have her mother and sister come in and help her. This probably accounted for the increased visits. At the three month period following placement, there was no increased contact except with her brothers and sisters, who initiated the contact.

Although Mrs. Kelly had worked all her married life, she decided not to work following the placement of the baby. Both stated that a mother should be home to care for a baby. There was no requirement by the adopting agency for the mother to quit working following placement. The Kellys were glad that they had made this decision as they stated that it was hard on the baby to adjust in the beginning and they didn't want the child to go through another adjustment with the mother going to work.

Interpretation

Mr. and Mrs. Kelly expressed disappointment in not being able to bear their own child, yet they did not formally seek medical advice as to the reason for their infertility. The Kellys may be placed on a high socio-economic level. Jaffee and Fanshel (1970) found that, in their sample of adopting couples, there was a positive correlation between SES and unwillingness to seek medical advice on infertility. They could find no explanation for this correlation. Not knowing the medical reason for infertility may indicate that the Kellys still hoped and believed that they might conceive or they wanted to avoid discovering the person who was infertile. It is also possible that this couple was in disagreement on attempting to seek medical advice. When this couple was asked prior to placement what each felt was an important issue of concern for them regarding parenthood, Mrs. Kelly had mentioned problems of infertility and telling a child about adoption, while Mr. Kelly did not mention these areas at all. Both had also attended the pre-adoption program which included sessions on infertility problems and telling a child about adoption but Mrs. Kelly never mentioned she received information in these areas from the program. She mentioned the media and the doctor. Mr. Kelly did mention that he received information concerning infertility from the program. From this it appears that Mrs. Kelly, although she mentioned that they had not

received fertility tests or medical advice on infertility, probably had "informally" consulted her doctor about her difficulty in conceiving. The reason for not pursuing the matter may have been that Mr. Kelly resisted approaching a doctor for tests. Humphrey (1969) found that infertility made a man's pride more vulnerable and negatively affected his self image, and made a woman's resentment of an infertile partner to be more pervasive. Perhaps this couple wished to avoid this predicament.

The interview did not permit this researcher to delve more directly any deeper into the effects that this may have had on their family life. However, he does suspect it may have had some effect on the divergent marital adjustment pattern found for this couple. Graph 8 indicates that Mr. Kelly steadily increased in marital adjustment while Mrs. Kelly decreased. One may hypothesize that Mrs. Kelly wanted to adopt and had consulted her doctor about her difficulty in conceiving and was satisfied with his "informal" advice. This may have threatened Mr. Kelly. He may have been unwilling to approach a doctor to obtain tests on himself. Mrs. Kelly, nevertheless, wanted a child and wanted to adopt while Mr. Kelly may have been reluctant to do so. Some sort of bargaining may have occurred, perhaps in the area of sexual relations. Scanzoni (1972) and Humphrey (1969) support the view that this may occur in a marriage relationship. Once a child was placed in the home, Mr. Kelly found the marriage more

satisfying and Mrs. Kelly found parenthood more trying than she had anticipated. Feldman (1975) found that the onset of parenthood may add a role strain to the wife, whose identity revolves around the baby. This feeling appears to be stronger in her if she has strong maternal feelings and receives a great deal of satisfaction in parenthood. Having a close tie with marriage and parenthood may be too much for her and thus may help explain decreases in marital satisfaction. Mrs. Kelly may be one who followed this pattern. An indication that may reveal how salient the role of parenthood may have been for her is to look at her attitude about parenthood being a last step to adulthood. She strongly agreed at two weeks following placement and three months following, while Mr. Kelly moved from agreeing to being indifferent on the issue.

This strong feeling that parenthood and adulthood come together may have been one of the reasons why Mrs. Kelly found adjustment to the child difficult. The Kellys complained that the child was "off schedule" and that they had a great deal of difficulty determining the meaning of the child's crying. This fussiness on the part of the child often made them wonder if the child was happy with them. Schechter (1970) points out that when adoptive parents feel the child is resisting them, the child may be reacting to unfamiliar surroundings and to the unfamiliar caretaking person; but the adoptive parents blame the child for acting like a stranger. He further states that if one

must make an accusation, that it should be applied to the "strange" previous caretaker, as it is this person from the past with whom the adopters are in competition. Mrs. Kelly may not have been competing so much with the foster mother, as she found her comments helpful, but with herself. She wanted so much to be successful at parenthood that she became upset when things didn't turn out as well as she had expected. Her self-esteem may have already been shaken by the fact that she was unable to conceive to date and she wanted to succeed very much at parenthood, but the child was not co-operating.

Mr. Kelly "pitched in" by helping out with the household duties but was also uncertain as how best to handle the situation with the child. Both found another adopting couple to be the best source of support and information.

Duvall (1964) points out that to be able to move from one stage of the family life cycle to another, certain developmental tasks have to be worked through. This couple appears to have had difficulty with the following tasks: acquiring knowledge about and accepting infertility, establishing a love bond relationship with the new child, determining the already established needs and wants of the child, accepting the reality and acknowledging the differences that exist for biological and adoptive families, and adapting to changing patterns of sexual relationships.

The Robertsons

Demographic Information

Mr. Robertson is twenty-five years old, is the second oldest of six children in his family of orientation, and has four years of university education. He works as an accountant and earns 11,000 dollars per year.

Mrs. Robertson is twenty-nine years old, is the eldest of two children in her family of orientation, has a B.A. degree, and is employed as a teacher. She earns 16,000 dollars per year.

Both are Protestant and have been married for seven years. They live in a small city and have recently moved into a newly built home.

Reason for Adopting

Both Mr. and Mrs. Robertson stated that they decided to adopt at this time, "after talking the whole thing over for a long time." They were not conceiving and felt that, after seven years of marriage, as well as getting up in age, they should have children. They did seek medical advice concerning their difficulty but found no real problem. Mr. Robertson stated that his sperm count was low but that the count wasn't low enough to state categorically that he was infertile. Mrs. Robertson said that it sometimes helped to take time off work to relax as an aid to achieving conception. She did take five weeks off but nothing happened. They also stated that they were pleased "to know that there was no infertility problems and accepted their state of infertility."

Preparation for Parenthood

Mrs. Robertson felt that she had "some concerns about being prepared for parenthood" and Mr. Robertson felt "fairly well prepared". Mrs. Robertson relied somewhat on her own experience with the help of her mother to gain knowledge about parenthood.

She mentioned that she had no information concerning feeding the baby, however, she didn't appear too bothered by this as she ranked her three greatest areas of concern as: health first, telling the child about adoption second, and discipline and behavior third. In ranking the three most important sources of information, she ranked them as pre-adoption program first, professionals second, and mother third. Although she ranked pre-adoption program as first and professionals as second and had been involved with both, she did not mention receiving any information concerning parenthood from these sources.

Mr. Robertson relied mostly on relatives, especially his mother, for his source of information. The media was mentioned second most often and his own experience third. The three most important areas of concern were feeding, sleeping patterns, and childhood illnesses. The three most important sources were ranked as relatives first, professionals second, and pre-adoption classes third. He mentioned professionals as a source of information concerning adoption processes and problems of infertility but not in any other area. Again the pre-adoption program

was not mentioned once as a source of information for any of the areas of adoption and parenthood listed in the questionnaire.

Adaptation to Adoptive Parenthood

Mr. and Mrs. Robertson received a baby girl three months old. They felt that the placement was handled well. They felt nervous and excited at the moment, especially Mrs. Robertson. She stated that she felt "terrified" and the baby was beautiful, yet felt nervous and scared about the whole thing.

Mr. Robertson stated that on the way home from the agency with the child, he continually was saying to himself: "Is it possible to love this baby as much as if she was our own? Will it happen that we will be able to love this child that much?" He stated that he had these feelings for a couple of days, then the feeling left him as he was much more relaxed and at ease about the whole matter. It should be noted that he only revealed these feelings to the researcher three months following placement. No mention or hint of these feelings were given at the second interview, two weeks following placement.

Once home, Mrs. Robertson felt some anxiety that the baby did not settle into a routine immediately. She mentioned that she felt that she was doing something wrong. The note that she received from the foster mother mentioned that the baby was "good as gold". Mrs. Robertson stated that she had "pangs of guilt at not being able to determine

how the baby wanted to be handled and the meaning of the baby's cry". Along with these concerns was also the one of determining whether the child was "happy and comfortable in our home". Mrs. Robertson said that as time went on she became accustomed to the baby's pattern and she was able to relax a little more. Mrs. Robertson returned to work two weeks following placement. She stated that "the baby is good now and I didn't see any reason for not going to work".

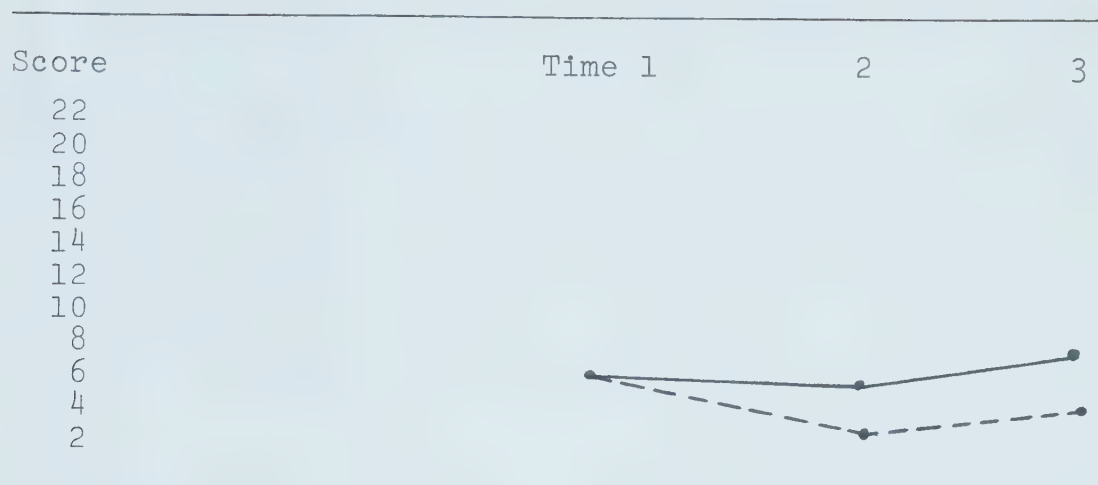
The major concern for this couple was seeing that the baby was healthy and that she developed properly. They often expressed the fear that the baby might become ill. Mrs. Robertson stated that the doctor was no help to her as she had taken the child to him several times about the child's health and felt that he really didn't reassure her in any way. "My mind was never set at ease when I visited the doctor." The researcher was not able to determine exactly what the nature of the visits was nor what was said at the time. Mrs. Robertson did find that a friend of hers was the best help. Her friend also had a child, though not an adopted one. She was able to share notes with her about child care and her fears about the child's health. At the third interview, Mrs. Robertson stated that she was much more relaxed about the whole thing and was glad that Mr. Robertson "minded the baby more" as this helped. Mrs. Robertson has a hearing problem which is noticeable at times, as one must repeat questions or

speak louder than usual. She never mentioned this as being a difficulty in caring for the baby.

Mr. Robertson never indicated any adjustment difficulties with the baby at any time during the interviews. He did state that they had some "short term frights"; that is, a small cold or sneezes from which the baby quickly recovered. Mr. Robertson's main concern was telling the child about adoption and how others accept the child. These were only mentioned at the third interview. He stated that his family accepted the child but his concern centered on the school when the child got older. As for telling the child she's adopted, he stated that he was confident that he would know when and how to approach the subject when the right time came to him. He also mentioned that he would advise other couples to adopt secretly as he had done. He added, "It just happens between husband and wife. We made that decision on our own. No one else advised us. I was concerned that, being a Protestant, I didn't know how long it would take to adopt through the agency. The agency was great and handled the situation all right. I'm happy we adopted and for having a child in our home."

In terms of identifying with natural parents, the Robertsons identified very closely with natural parents at all three time intervals. Again the identification was strongest at the two week period following placement. Graph 9 indicates that Mr. Robertson had a stronger

Graph 9. INDEX OF COPING ACTIVITY



Key: _____ Wife --- Husband

The higher the score the more accepting of difference between adopting and natural parents.

Possible range in score is 32-0.

identification than his wife but that the difference was not great. Mrs. Robertson felt most different from natural parents when a birth event occurred within the family and when topics of conversation were on adoption. Mr. Robertson felt different when they were waiting for the child to arrive. Prior to placement he mentioned that he would feel different than natural parents when relatives would meet the child but at the two week period he stated that he felt the same and at the three month period that he felt different when someone commented on whether or not the child resembled the parents.

Marital Interaction

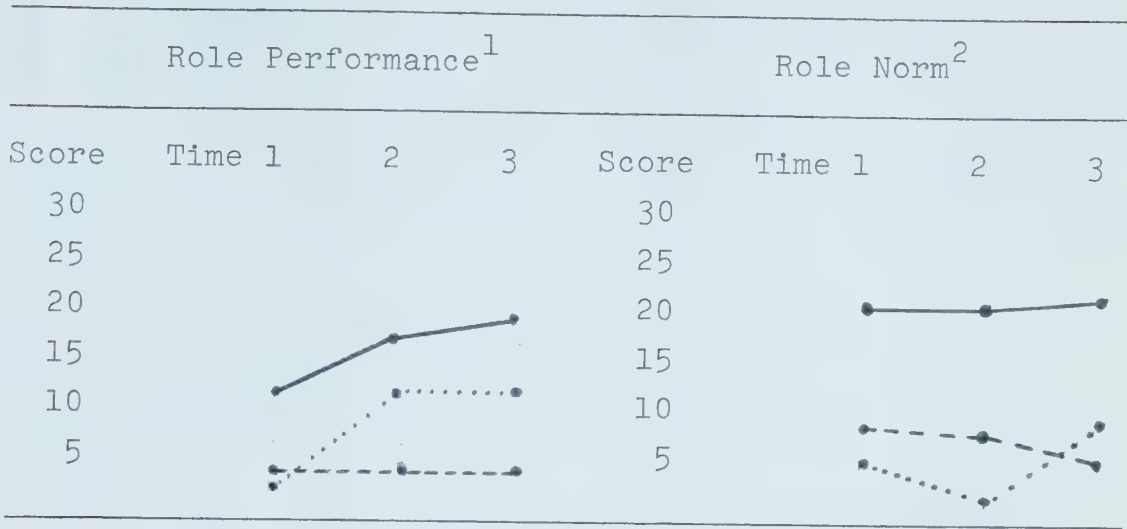
The arrival of a child in this home again appears to have increased this couple's role-sharing activity as

it had done with the previous two couples. However, at the third interview, Mrs. Robertson increased her usual solitary activity and activities shared decreased, even though she had returned to work. The amount of activity undertaken by the husband remained constant. Mrs. Robertson perceived the greatest amount of change at the initial arrival of the baby. This couple appeared to be the most traditionally oriented couple in the sample, in terms of role allocation, as the husband only minimally became involved in child care duties. This appeared to bother Mrs. Robertson a little as she had stated at the third interview that Mr. Robertson minded the baby more and this helped her out a lot.

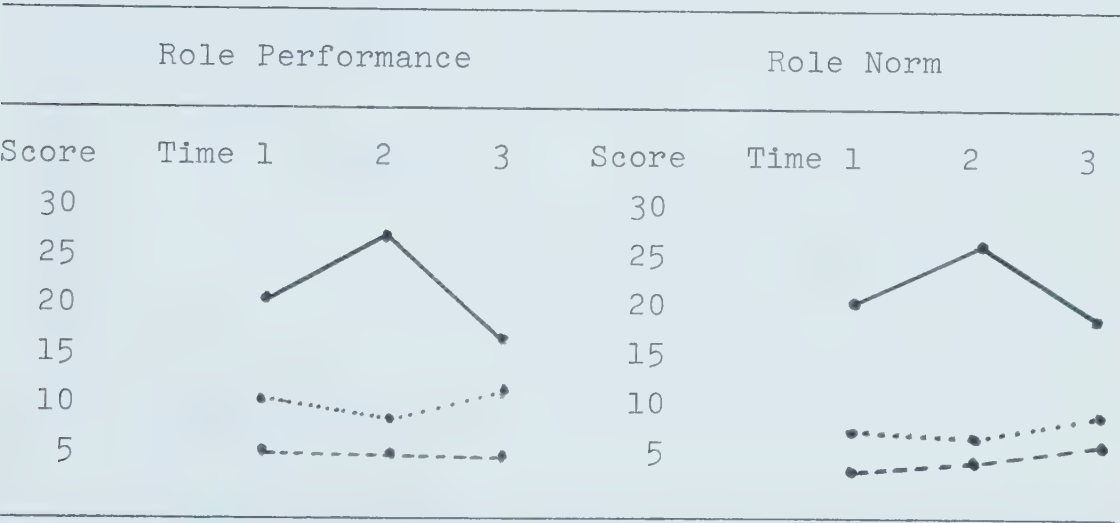
Both Mr. and Mrs. Robertson indicated that the amount of activity done together should be greater than was being done. This pattern is seen in Graphs 10 and 11. Again the pattern of feeling that the wife should be doing less at the arrival of the baby, with the husband doing about what was expected of him.

In terms of marital adjustment, both Mr. and Mrs. Robertson increased in marital adjustment with the arrival of the child, then decreased at the third interview. Graph 12 indicates that Mrs. Robertson declined sharply in marital adjustment from the pre-placement period to three months following placement despite an initial increase two weeks following placement. Mr. Robertson maintained a higher marital adjustment score three months after placement than he had prior to placement.

Graph 10. PERCEIVED ROLE ALLOCATION BY HUSBAND



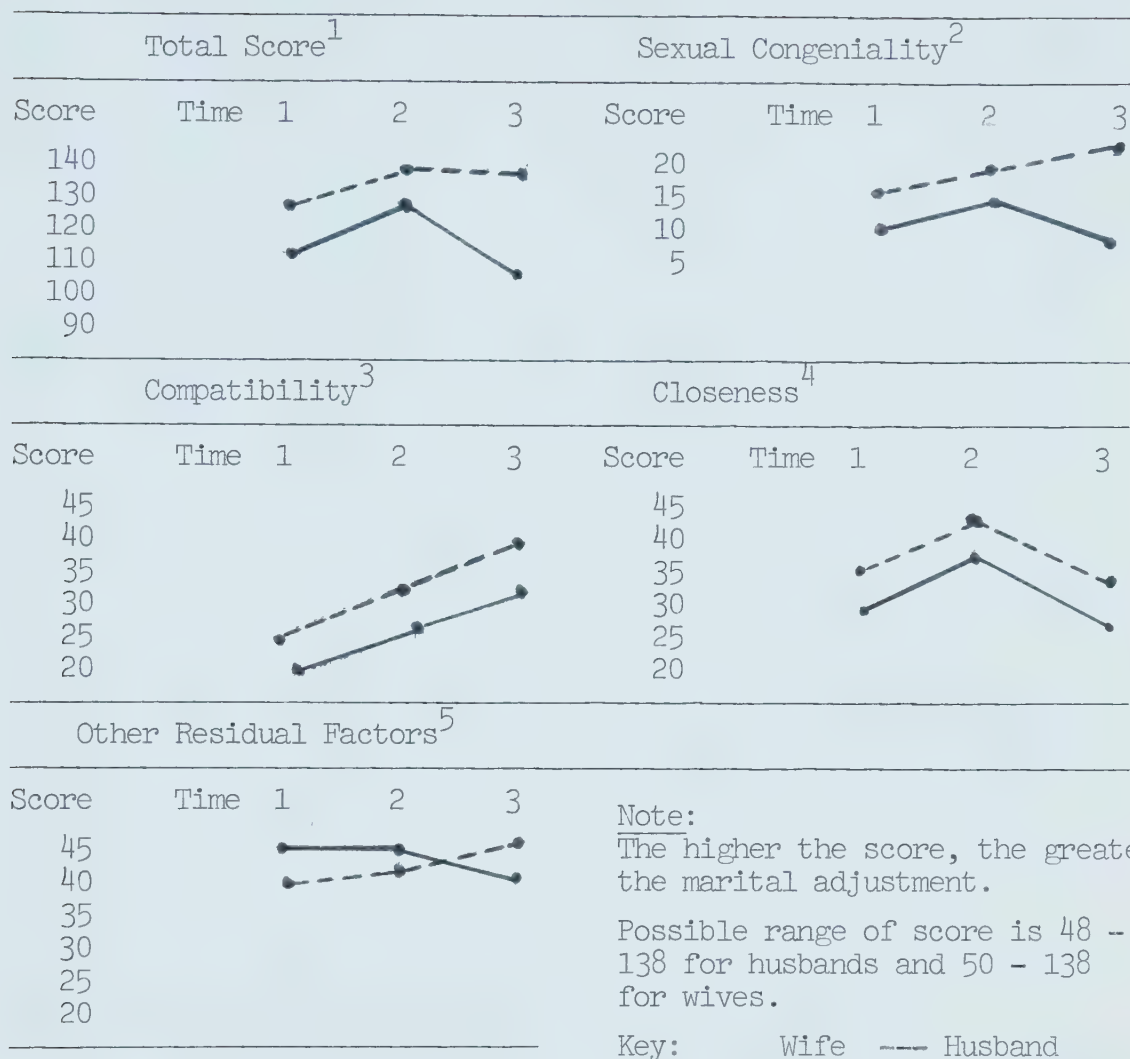
Graph 11. PERCEIVED ROLE ALLOCATION BY WIFE



¹Role performance was measured by asking, "Who usually...?"

²Role norm was measured by asking, "Who should...?"

Graph 12 MARITAL ADJUSTMENT SCORES



¹Total Score refers to score on all items in the instrument.

²Sexual Congeniality refers to items that deal with satisfaction and amount of agreement on sexual relations and demonstration of affection.

³Compatibility refers to the items that deal with satisfaction with the person one married and agreement on the amount of time spent together.

⁴Closeness refers to items that deal with amount of consultation between spouses and amount of agreement on doing things together, as well as agreement on aims and goals in life.

⁵Other Residual Factors refers to those independent of the above factors such as dealing with in-laws, agreeing on conventional behavior, agreeing on types of friends, matters of recreation, and finances.

Mrs. Robertson increased in all areas of marital adjustment at the arrival of the child but decreased dramatically in the areas of sexual congeniality and closeness. In the sexual area, she moved from almost always agreeing with her husband on matters of intimate relations to occasionally disagreeing. In the area of closeness, she indicated that she moved from always talking things over together to almost always; from being almost perfectly happy with her marriage to being a little bit more than happy with her marriage.

Mr. Robertson increased slightly in the area of sexual congeniality, compatibility, and closeness at the second interview, then decreased slightly in the area of closeness. The item in closeness on which he moved was always agreeing on aims, goals, and things believed important in life at the second interview to almost always agreeing three months after placement.

In general, Mr. Robertson appears to be much more satisfied with his marriage since the arrival of the child than Mrs. Robertson, who appears to be less satisfied three months after placement than she did prior to placement.

Relationship to Relatives and the Community

The Robertsons were very private about their adoption application. They did not reveal their intentions to adopt to their relatives, not even to their parents. They did do so to a close friend and the references

they used in the application. Both stated initially that they wanted to surprise their families. This researcher learned later that Mr. Robertson was very much afraid of being rejected as an applicant for adoption, as he had in his past history a drinking problem. He also mentioned that they were Protestants and he wasn't sure if he could get a child from a Catholic agency.

Since the placement of the child, Mrs. Robertson stated that they were able to reveal the adoption to anyone and that there had been an increase in contact with her relatives. Her mother is the person who babysits the child while Mrs. Robertson is working. There was also an increased contact with her sister, who has no children. Her sister appears to initiate most of the contacts.

Mr. Robertson stated that there had been an increased contact with his relatives since placement and he indicated that they see his parents more often and that they call each other on the phone more so now than prior to placement. His contact with his brothers and sisters has also increased.

Interpretation

Mr. and Mrs. Robertson appeared to have struggled somewhat with their difficulty in conceiving. Both stated that they "had to do a lot of talking for a long time before we decided to adopt." They did seek medical advice and, as Mrs. Robertson reported, "were relieved to know that Mrs. Robertson was not entirely infertile."

It probably raises hopes in their minds that Mrs. Robertson may still be able to conceive.

One important reason for hesitating to adopt was that Mr. Robertson feared they may be turned down because of his previous drinking problem. They were very secretive about their plans to adopt. This difficulty may have affected some adjustment patterns revealed by this couple. Marital adjustment generally increased for Mr. Robertson and decreased for Mrs. Robertson. Again we may have witnessed some sort of bargaining procedure with this couple as we did with the Kellys. Mr. Robertson may have been reluctant to adopt and Mrs. Robertson wished to do so, and may have used some pressure on Mr. Robertson within the marital relationship to get him to agree. One area may have been in demonstration of affection. Prior to placement Mrs. Robertson stated they occasionally disagreed on the amount of affection shown to each other, while Mr. Robertson stated they almost always agreed. Three months after placement Mr. Robertson thought they almost always agreed and Mrs. Robertson thought they always agreed. However, in the area of intimate relations (such as sexual relations), prior to placement both stated that they almost always agreed but three months following placement Mrs. Robertson thought they occasionally disagreed and Mr. Robertson thought they always agreed. It appears that Mrs. Robertson may be rewarding Mr. Robertson more than she would like. Mr. Robertson appears to be more

satisfied in this aspect of the marital relationship than Mrs. Robertson. An alternative explanation may be that Mr. Robertson may have been so happy to be seen as a worthy adoptive parent by the adopting agency that this effect may have spilled over into his marital relationship and he thus saw his life as being more rewarding in general. Mrs. Robertson's drop in marital adjustment may be due to the difficulties she encountered with the baby. The parental role may have been too stressful for her to invest much satisfaction in the marriage relationship.

This couple appeared to have struggled with the completion of some of the developmental tasks of moving from a family with no children to one with an adopted child. Pre-placement tasks which were difficult to handle were: acquiring knowledge about and acceptance of infertility, expanding communication systems for present and anticipated emotional needs, reorienting relationships with relatives in terms of bringing an adopted child into the extended family, and adapting relationships with friends, associates, and community activities to the realities of adoption.

Tasks which were difficult to handle in the post-placement phase were: establishing a love bond relationship with the new child and determining the already established needs and wants of the child, refining intellectual and emotional communication systems for child rearing, accepting the reality and acknowledging the

differences that exist for biological and adoptive families, and adapting patterns of sexual relationships.

The MacNeils

Demographic Information

Mr. MacNeil is twenty-six years old, is the third eldest of five children in his family of orientation, and has a grade nine education. He works as a rink attendant and earns 10,000 dollars per year. He was born and raised in Cape Breton.

Mrs. MacNeil is twenty-five years old, is the second eldest of six children in her family of orientation. She works part time, on occasion, as a hairdresser, to earn extra money. She earned 5,200 dollars this year. She was born and raised in Cape Breton.

Both are Roman Catholics and have been married for five years. They have recently moved to the outskirts of the city into a new home which he built.

Reason for Adopting

Mrs. MacNeil has had three miscarriages. There does not appear to be any difficulty in becoming pregnant. They were not told of any medical reason why the miscarriages occur or how to prevent them from happening. Both stated that the miscarriages upset them a lot. Mrs. MacNeil stated that they "love children and wanted to have some very much." It took about a year to decide to adopt, as they didn't want to wait any longer. While proceeding with the adoption and waiting for the child to be placed,

Mrs. MacNeil stated that she almost felt like she was pregnant; it gave her the same kind of feelings. She mentioned that she thought she had an advantage over the other women adopting because she knows what it is like to conceive and be pregnant but yet she rejected the idea that she had missed an important event in not bearing her own child.

Both stated that it was quite upsetting and disappointing to conceive and end up having a miscarriage, but saw adoption as a logical solution.

Preparation for Parenthood

Mr. MacNeil stated that he felt he was well prepared for parenthood, while Mrs. MacNeil stated that she felt fairly well prepared. Mr. MacNeil relied very heavily on his own experience as well as on his mother for much of his information on parenthood. This is understandable because his mother adopted a child privately. Since the adoption of his own child, Mr. MacNeil has had some very good "heart to heart" talks with his mother about adoption. He found that these talks with his mother helped him a lot in dealing with what was happening in his own experience.

When asked to rank order the three most important sources of information, Mr. MacNeil ranked them as pre-adoption program first, media second, and professionals third. The three important areas of concern for him were feeding first, childhood diseases second, and bathing children as third.

Although Mr. MacNeil had attended the pre-adoption program and had ranked it as the first and most important source of information, he did not mention any area of parenthood or adoption that he received information on from the program. He did mention that there were three areas in which he had no information. These were labour and birth processes, pacifiers, and changes in emotional and psychological needs.

Mrs. MacNeil relied most heavily upon her mother and a friend who had a small child for her information on parenthood. Her own experience with children was mentioned secondly and then the media third. The three most important sources of information on parenthood for her were relatives and friends first, her own experience second, and professionals third. For her, the three most important areas of concern were adoption procedures first, telling a child he is adopted second, and discipline and behavior third.

Mrs. MacNeil had also attended the pre-adoption program and said she received no information from it, and she did not rank it as an important source of information for her. Yet there was no area of parenthood in which she indicated she had not received any information.

Adaptation to Adoptive Parenthood

Mr. and Mrs. MacNeil received a little girl three and a half months old. They were pleased with the way the placement was handled. When they first saw the child,

they stated that they felt excited and loved her very much.

Both said that they had a very good baby who seemed to have settled down fairly easily and quickly with them. Mrs. MacNeil's greatest concern at the time of placement centered around feeding the baby. She wasn't sure as to the kinds of food to give the child. At the third interview, three months following placement, she was more concerned about the child's health. She stated that the baby was healthy but that she still worried about it. She didn't give any specific reason for her concern; however, the baby has a bright red cyst over its right eye which causes the upper part of the eyelid to puff out and be quite pronounced. The MacNeils made little mention of this and often acted as if it was not there. At the second interview no mention at all was made about the cyst. They took pictures of the baby and were proud to show them to anyone who wanted to see them, again refraining from commenting on the cyst. However, at the third interview, the cyst was still present and Mrs. MacNeil admitted being concerned about it. She stated, "Even though the doctors reassured us that it (the cyst) would disappear and not bother the baby, I still have fears that it might affect her eyesight."

Mr. MacNeil also expressed concern over the baby's health but never once mentioned being concerned with the cyst over the baby's eye. He further stated, "I'm happy

to have her in the house. Everyone else has children. It makes you feel more part of everyone else. I like to buy her things and help my wife with the baby. I like to be involved." When asked about his greatest concern immediately following placement, he stated that he was anxious to sign the final papers and to get it over with. At the third interview, he was still preoccupied with this as he stated that his concern centered around the natural mother finding out where the child is and fearing she may take the child back. He also mentioned that he becomes concerned when the child has a cold or something appears to affect her health. He immediately wants to take her to the doctor and make sure that she is alright, even if it appears to be a minor thing.

Both stated that in general the baby was very good and that they have had very little difficulty with her. They indicated that they were quite comfortable with her.

Both Mr. and Mrs. MacNeil have found comfort and support from other people who have adopted. Mr. MacNeil has drawn closer to his mother and talked more freely about the private adoption of one of his brothers and his own child. Mrs. MacNeil found a friend who adopted and they did a lot of talking about the events of adoption and child care. Both stated that having someone to talk to about adoption was very helpful to them.

In terms of identification with natural parents, both Mr. and Mrs. MacNeil identified themselves very

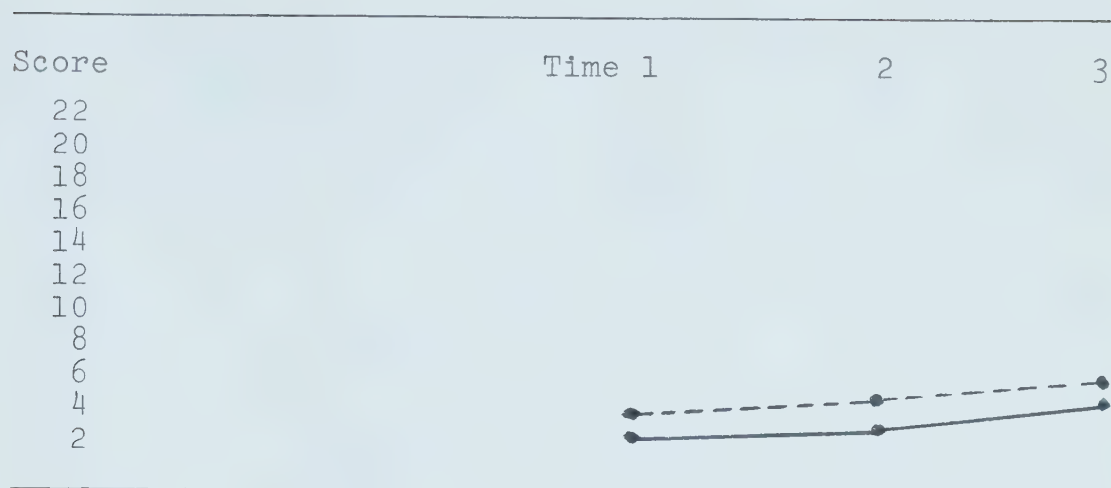
strongly with natural parents at all three interview times. Graph 13 indicates that they identified strongly prior to placement, then slightly increased in their acknowledgement of different after the child was placed with them.

Following placement, both acknowledged that adoptive parents have satisfactions which other parents do not have yet did not acknowledge that other parents have satisfactions that adoptive parents do not have. Following placement, both also acknowledged that parents without adopted children feel at times they may have been happier with some other child than the one they have. They indicated that they, as adoptive parents, could never feel this way about their adopted child. One other interesting item can be noted in Mr. MacNeil's interview schedule. At the third interview, when he was asked how often he thinks about his child's original parents, he answered never; yet at the end of the interview he stated that he was concerned that the original mother may find out the whereabouts of this child.

Marital Interaction

Once again, with the placement of a child in this home, both husband and wife indicated an increase in becoming involved in doing things together. Mrs. MacNeil appeared to be doing less by herself and getting her husband to help her out more often than prior to placement. Mr. MacNeil appeared to be quite happy in becoming involved in household and child care activities. Graph 13 indicates

Graph 13. INDEX OF COPING ACTIVITY



Key: ___ Wife --- Husband

The higher the score the more accepting of difference between adopting and natural parents.

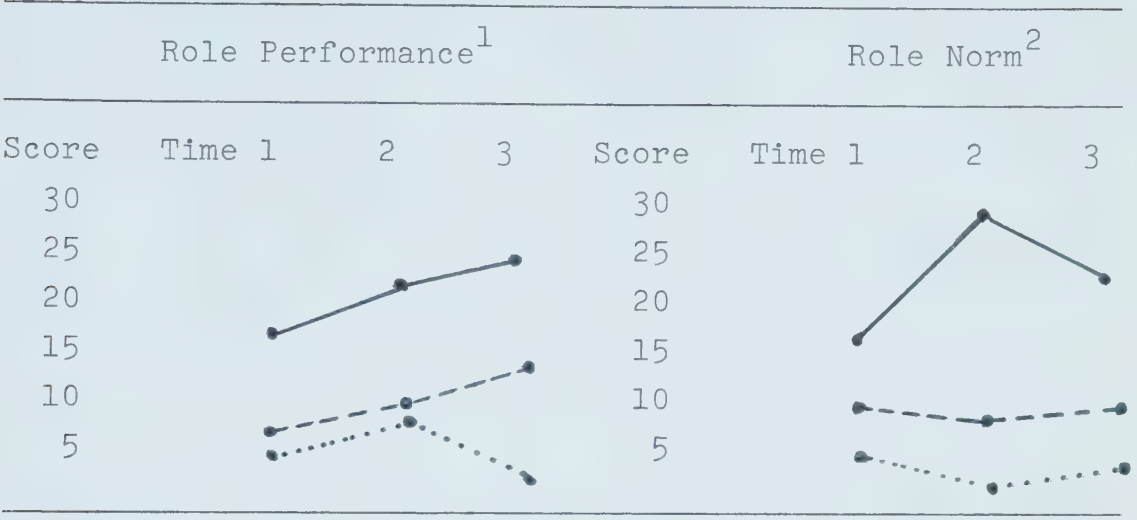
Possible range in score is 32-0.

that this couple increased significantly in amount of activities performed jointly. Mrs. MacNeil's activities increased slightly immediately following the placement to a level below prior to placement.

Graphs 14 and 15 also show that Mr. and Mrs. MacNeil indicated each felt that both should be more often together than they were in fact. They also indicated that the wife should be doing less, especially at the time of placement. Both further indicated that the husband was doing what was expected of him.

In terms of marital adjustment, a slightly divergent pattern developed. Mrs. MacNeil increased in marital satisfaction at the arrival of the child, then slightly decreased, while Mr. MacNeil decreased at the arrival of the child and remained at that level three months following

Graph 14. PERCEIVED ROLE ALLOCATION BY HUSBAND



Graph 15. PERCEIVED ROLE ALLOCATION BY WIFE



Key: ___ Both --- Husband ... Wife

¹Role performance was measured by asking, "Who usually...?"

²Role norm was measured by asking, "Who should...?"

placement. The area that affected Mr. MacNeil's score the most centered on closeness. The one particular item that had the greatest effect was the amount of happiness he felt in the marriage. Prior to placement, he stated that he was perfectly happy, two weeks after placement he was happy, and three months following placement he was almost perfectly happy. For Mrs. MacNeil there was no particular area that increased significantly more than any other. She had slight increases in all areas except in the sexual area, where she slightly decreased at the arrival of the child, then increased three months following placement. She moved from always agreeing on demonstration of affection prior to placement to almost always agreeing three months post-placement.

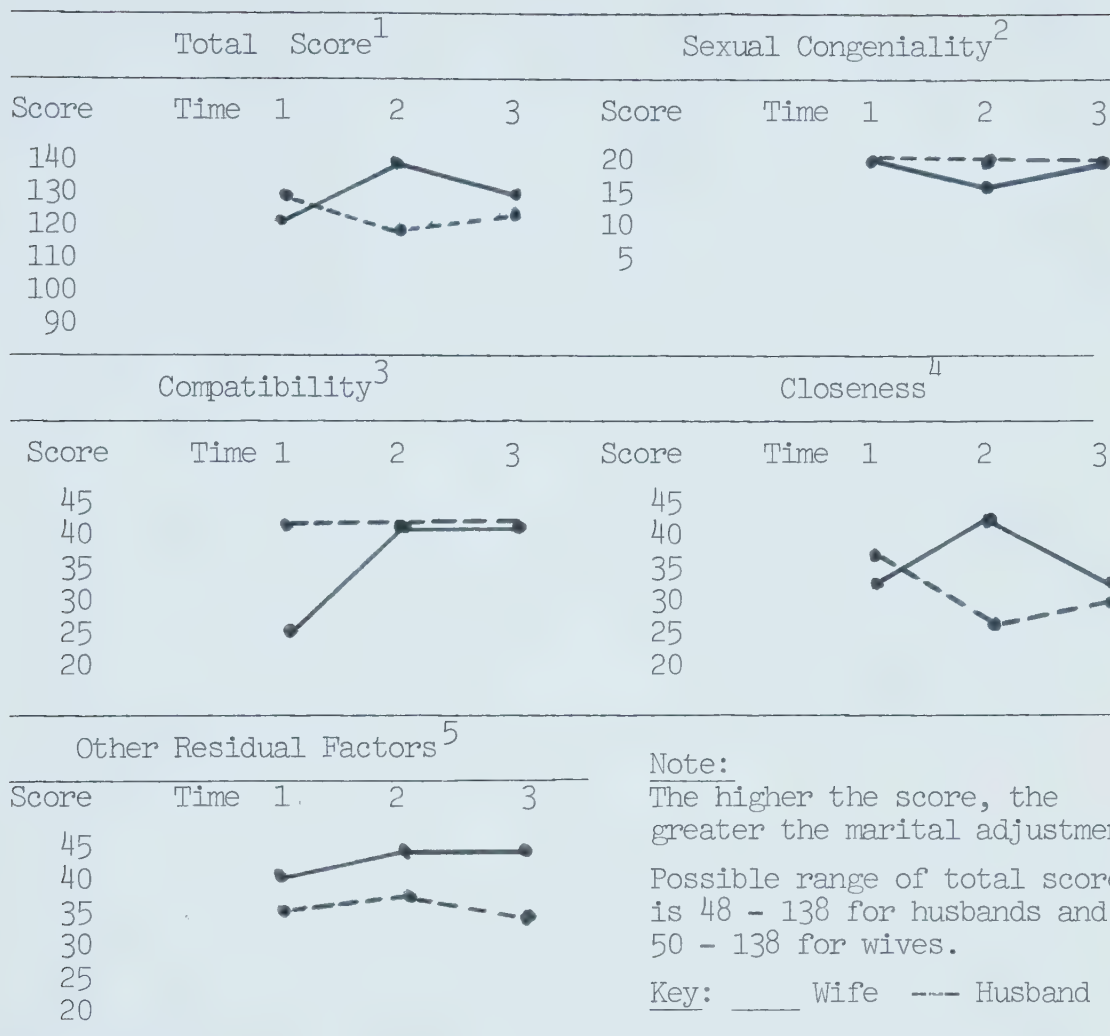
As shown in Graph 16, marital adjustment scores for this couple did not change much from the pre-placement period to three months following placement. They were as well adjusted at both time intervals except that, prior to placement, Mr. MacNeil appeared to be slightly better adjusted than Mrs. MacNeil, but at the three month post-placement period Mrs. MacNeil appeared to be better adjusted than Mr. MacNeil.

Relationship to Relatives and the Community

Mr. and Mrs. MacNeil were open about telling their relatives and friends about their application for adoption. They received favorable reactions from all concerned. This made them feel good about the situation.

Graph 16

MARITAL ADJUSTMENT SCORES



¹Total Score refers to score on all items in the instrument.

²Sexual Congeniality refers to items that deal with satisfaction and amount of agreement on sexual relations and demonstration of affection.

³Compatibility refers to the items that deal with satisfaction with the person one married and agreement on the amount of time spent together.

⁴Closeness refers to the items that deal with the amount of consultation that exists between spouses and the amount of agreement on doing things together as well as agreeing on aims and goals in life.

⁵Other Residual Factors refers to factors independent of the above factors such as dealing with in-laws, agreeing on conventional behavior, agreeing on types of friends, matters of recreation, and finances.

Mrs. MacNeil had not noticed any changes in the pattern with her relatives since placement of the baby, except at three months post-placement she noticed an increase in contact with her brothers and sisters. She stated that they babysit more often. She also stated that she wished that she could see her parents more often. Part of the problem was that her parents did not live in the same community as she did.

Mr. MacNeil stated that, at the time of the arrival of the child, they did see and call his parents more often and that it was themselves who initiated the contact more so now than prior to placement. They also had more contact with his brothers and sisters since the baby arrived.

Both stated that they stay home more so now that the baby has arrived, but that this really doesn't bother them. They, in fact, like to stay home with the baby. Mr. MacNeil still goes out hunting and bowling as usual and Mrs. MacNeil doesn't plan on returning to work for a while. She stated that she feels it is important to stay home with the baby this first year.

Interpretation

The MacNeils appeared to have had little difficulty in adjusting to the placement of the baby in their home. They loved this child, who appeared to have brought out many of their paternal and maternal feelings.

This couple appeared to have some difficulty in accepting their state of infertility. Some denial appears to be present as they define infertility as an inability to conceive. Mrs. MacNeil conceived but miscarried and doesn't consider herself to be infertile. Miscarriages were seen as controlled by fate or God and out of their hands. Neither partner was seen as lacking sexually in any way. This probably explains their high sexual congeniality score. Conti (1976) found that couples with combined infertility of unknown causes sometimes improved in their sexual satisfaction. The MacNeil's didn't associate their childlessness with a sexual problem. Sexual intercourse and conception were clearly related and did occur together.

Denial was also present when this couple related to the original mother. Both stated that they never think of the original mother, yet stated that they worry about the mother finding out the whereabouts of her child. This discrepancy in information given by the couple is not unusual considering Wiehe's (1976) finding that many infertile couples see themselves as being defensive and having little self-awareness and self-understanding, especially in the early stages of their knowing about their infertility.

Another aspect of this couple's denial can be seen in relation to the cyst over their baby's right eye. They were very hesitant to mention anything about it to

the researcher and did so only after it appeared that it was not going away as they had hoped. It may be that this couple feared mentioning it lest they be judged as parents who were not accepting their adopted child. In the initial interview, they stated that they were willing to accept any child that was presented to them. They said, "After all, you take what you get when it's your own." Perhaps they were trying to make good their expectations and treat this child exactly as they would treat their own. Not mentioning the cyst may have been their way of saying this child is not going back to the agency.

Despite the denials (or because of them), this couple appeared to manage very well with the baby and their relationship with each other. The arrival of the child improved their co-operation in doing things together and slightly increased their marital adjustment.

One helpful fact for the MacNeils was that both were able to relate to someone who had the experience of adopting. Mr. MacNeil spoke to his mother, who had adopted a child privately, and Mrs. MacNeil spoke to a friend. This appeared to eliminate many anxieties associated with adoption.

In terms of developmental tasks, this couple appeared to be having little difficulty with them, except that they may be denying the existence of several, namely: acquiring knowledge about and acceptance of infertility, and accepting the reality and acknowledging the differences that exist for biological and adoptive families.

Comparative Summary of Case Studies

Reason for Adopting

The general comment given when the couples were asked why they adopted at this time appeared to center around the idea that they had not been able to successfully conceive. They all stated that they were disappointed and that they had to talk about it for a long time before deciding to adopt. Adoption appeared definitely to be a second choice for these couples. They all would have preferred to have had a child born to them, but time was running out or the possibility was not there.

Various reasons were also offered as to why they adopted at this particular time. Two people (Mrs. MacSween and Mr. MacNeil) stated that social pressure was a factor. One couple (the Robertsons) stated that their ages were an important issue for them, while another (the Kellys) saw it fitting neatly into their budget, as they had their home paid for and they could now do without the wife's wages.

Two couples knew the reason for their infertility. The MacSweens encountered male infertility and the MacNeils encountered female infertility (miscarriages). The Robertsons had sought medical advice but no clear indication could be found for their infertility, while the Kellys avoided medical tests.

The general impression received from interviewing the couples on this issue was that they were reluctant to

speak about infertility to any great depth, and each wanted to impress upon the researcher that adoption, for them, was a normal procedure which should not be looked upon with any special status. It was seen as just another way to have children, although if it was possible, they would have children born to them.

Preparation for Parenthood

Everyone except Mrs. MacSween stated they were fairly well or well prepared for parenthood. Mrs. MacSween stated that she had some concerns but these were not made explicit.

In general, most people in the sample obtained a large part of their information on parenthood from their mothers, other relatives, or friends, as well as the media such as television, radio, and books. However, they rank ordered the importance of these sources below that of professionals, such as doctors, nurses, and social workers. In fact, the media was often not mentioned in the top three category of importance. The pre-adoption program was often mentioned as an important source of information, yet few people were able to identify any information they received from the program.

In terms of ranking the top three areas of concern, most people placed health care and childhood illnesses as a top priority. Second was telling the child about adoption, with a few mentioning infertility problems and the adoption procedure. The men never mentioned any one

of these as areas of concern for them. They were more likely to mention health care and feeding problems.

The couples in this sample appeared to be less concerned about issues of infertility and adoption than about child care and child health. Women were more likely to show some concern about infertility and adoption than were the men.

Adaptation to Adoptive Parenthood

The case studies revealed that two couples (the MacSweens and the MacNeils) appeared to have made the transition to parenthood with minor adjustment difficulty, while two couples (the Robertsons and the Kellys) appeared to have had some major difficulty in adjusting to the baby's arrival and temperament. Both minor and major difficulties centered around the meaning of the baby's crying, as well as adjusting to his/her pattern of sleeping and feeding. Three of the mothers often wondered if the fussiness of the baby meant that he/she was not happy with them. Often these mothers brought the baby to the doctor, seeking advice or reassurance. The doctor didn't appear to be very reassuring. The most supportive and helpful person was another mother and the effect appeared to be greater if she was also an adoptive mother. The difficulties appeared to be more pronounced early in the placement and by three months post-placement most difficulties had been resolved. The baby and parents were very much "at home" with each other by then.

Identification with Natural Parents

All adopting couples in this sample identified themselves very closely with natural parents. Three couples followed a particular U-shaped pattern of identifying most strongly with natural parents at the arrival of the child and less so prior to placement and three months post-placement. One couple (the MacNeils) identified most closely with natural parents prior to placement, then slowly began to differentiate themselves from other parents as time progressed. This was the couple who had conceived several times but the pregnancies resulted in miscarriage each time. During the pre-placement period, Mrs. MacNeil had remarked that she had an advantage over other women adopting because she did conceive and that during the pre-placement period she felt the same as during pregnancy. She was the only woman to mention this. This couple seemed to be rejecting the idea that they were infertile, as they defined infertility as the inability to conceive. At the three month post-placement period, this couple identified themselves with natural parents as strongly as did the other couples in the sample.

The identification with natural parents appears to change over time. The placement of a child seems to increase the identification with regular parents, but three months later situations faced by the couple with an adopted child seem to bring out some of the differences that exist between natural and adoptive parents. Whether

this is a temporary effect cannot be determined by this study, however, it would be an interesting phenomenon to examine.

Marital Interaction

Role Allocation

All couples in the sample followed an inverted U-shaped form of increasing their joint role activities at the initial placement of the child and doing so less prior to placement and three months post-placement. These couples also indicated that the wife did less alone at the initial arrival of the child.

In terms of role norms, that is, who in fact should do the activities, a similar inverted U-shaped pattern occurred for joint activities and a regular U-shaped pattern occurred for activities done by the wife. All couples also indicated that at all three time intervals they should be doing more joint activities with the wife doing less. The husband was seen as doing what was expected of him.

From the above it appears that these adopting couples indicated the husband did "pitch in" to help the wife when the new baby arrived. From the comments made by the wives during the interview, they all appreciated the help they received from their husbands.

Analyses of the questionnaire indicate that, at the initial arrival of the baby, the husband helped out more often with household activities and some child care

duties, while the wife spent less time with the household duties and more time in child care. This pattern altered slightly three months post-placement. Everyone, except one woman (Mrs. Robertson), perceived that they did more joint activities at this time than prior to placement.

Mrs. Robertson perceived her joint role activities to have decreased below that prior to placement. This is a curious phenomenon, as Mrs. Robertson was a working mother who returned to work two weeks following the placement. One would expect that this couple would be more sharing in their activities, yet this couple seemed to be the most traditional in the sample.

Marital Adjustment

Marital adjustment increased from pre-placement to the initial arrival of the child for everyone in the sample, except for two people (Mrs. MacNeil and Mrs. Kelly). However, at the third interview, five people decreased in marital adjustment to a level they had registered prior to placement. One of these (Mrs. Robertson) actually registered a score lower than at pre-placement. Only one person (Mr. Kelly) continually increased in marital adjustment from the pre-placement period to three months post-placement. In general, the placement of a baby in the home coincided with an increase in marital adjustment, but after three months marital adjustment decreased.

Within the marital adjustment score, all areas such as compatibility, closeness, and sexual congeniality

were affected. There didn't appear to be any one particular area that was affected more than any other.

Relationship with Relatives and Community

Three couples were quite open about their applications to adopt with their relatives and friends, while one couple (the Robertsons) were very secretive. Once a child was placed, all couples appeared to be more open about adoption to the family. All couples appeared to have decreased in their contacts with friends and increased them with their family, especially their brothers and sisters. It seems that family boundaries tightened with non-relatives and became more open with relatives. The arrival of an adopted child in a family appears to be very much a family affair.

Developmental Task Accomplishment

Of the ten developmental tasks which were to be accomplished in the pre-placement period, all couples in this sample appeared to have some difficulty with acquiring knowledge about and acceptance of infertility. One couple (the Kellys) attempted to avoid the issue altogether, and one other couple (the MacNeils) appeared to have defined infertility in a way that didn't affect them. The other two couples made steps in acquiring knowledge about their difficulty and appeared to be struggling with its acceptance.

Two other task areas appear to cause some difficulties for some couples. One was reorienting relationships

with relatives in terms of bringing an adopted child into the extended family. One couple (the Robertsons) had particular difficulty with this, as they were not sure enough of being accepted for adoption. Rather than risk embarrassment, they were very secretive; however, once the child was placed with them, they were quite open about the adoption. Another couple (the Kellys) restricted their openness to a few close relatives and friends, and again were more open once the child was placed. Both of these couples had not known why they were infertile. Perhaps they were hoping that applying for adoption may have been enough to cause conception.

A third task, that of adapting sexual relationships to being infertile, appeared to be not as relevant in the pre-placement period as in the post-placement period. The arrival of a child in the home appeared to coincide with the increase in sexual congeniality for the men, while two women decreased in this area. The women who decreased were those who experienced some major difficulties in child adjustment. The arrival of the child appears to bring a strain on women in this area, while men appear to receive more satisfaction at this time than prior to placement.

One other task in the post-placement phase appeared to have caused difficulty for all couples in the sample. This task was establishing a love bond relationship with the new child and determining the already

established needs and wants of the child. Three couples mentioned they had definite difficulties in this area. Two (the Robertsons and the Kellys) indicated this more so than the other couple (the MacSweens), while the fourth couple (the MacNeils) indicated they had little difficulty in this area. The difficulties centered around fussiness of the baby and the meaning of the baby's cry. All three couples often wondered if the baby was happy in their home, while the other couple indicated they had no doubts about the baby's happiness with them.

The couples who had the most difficulty were all high in socioeconomic status, had university degrees, were older, were married longer, and had no known cause for their infertility. This sample is much too small to determine to any degree which of these variables had the greatest effect on the difficulty of the transition to parenthood.

The other developmental tasks of the post-placement period appeared to have caused little difficulty for the adopting couples in this sample. This study only looked at a very short period of time and the difficulties with the other tasks may not show up until later in the parenthood role sequence.

Comparative Summary Between Adopting and Natural Parents In Parenthood Transition

The previous discussion of the four case studies has noted particular trends in the adaptation to parenthood,

role relationships, marital adjustment, and task accomplishments of four adoptive couples. This researcher would now like to compare this data with data collected on four natural parents from an identical study (Sevigny, 1976).

The natural couples were matched to the adoptive couples in terms of similar adjustment difficulties experienced in the transition to parenthood, age, length of marriage, and social class, and then compared in terms of role relationship, marital adjustment, and task accomplishment.

Jaffee and Fanschel (1970) once concluded that "the adoptive family is a rather special, possibly exotic species, sharing some of the characteristics of the broader genus of family while being unique in other respects" (367), yet to date no comparative study and analyses have been made on natural and adoptive parents using a similar research design, similar conceptual framework, and reviewing similar variables. To date no one has been able to reveal some of the differences and similarities of adoptive and natural parents. The following brief discussion may begin to close this knowledge gap.

Demographic Data

In this comparison, the couples were on the average of similar age. Adoptive couples averaged twenty-seven point one years with a range of twenty-four to thirty-one years, and the natural couples averaged twenty-six point nine years with a range of twenty-two to thirty-one years.

Adoptive couples were married longer, on the average five point eight years with a range of three to eight years, while natural couples were married on the average of three point three years with a range of two to four years. Natural couples were in general better educated, as all had at least grade 11, with one man having a Masters degree, while two adoptive couples had only completed portions of junior high level and the most educated had a B.A.-B.Ed. degree. The range in socioeconomic status measured by Hollingshead (1957) scale was similar in that both groups were represented by couples in all four SES levels.

One distinguishing feature between the two groups was that adoptive parents received their children when they were between eight and fourteen weeks old, while natural parents related to infant newborn children who had never experienced other caretakers.

Reason for Having Children at This Time

Both sets of parents had been asked why they wanted a child at this time. Very little difference in answers was indicated between the two groups. Both groups mentioned that this seemed to be the appropriate time to have a child. One natural parent mentioned, "We didn't really decide, it was just that we couldn't have any earlier. We were trying for four years and it happened this year." Another couple said, "We decided it was time. We felt that since we were married four years we didn't want to

be selfish and we thought it was a good time." Very similar replies were given by adoptive couples, such as, "Everything added up, we were well off to see ourselves without the wife's wages so we adopted."

The main difference appeared to be that natural couples succeeded in achieving a pregnancy within a time limit that prevented the couples from suspecting they would not conceive. Many simply ceased using their methods of family planning with successful pregnancy resulting. The adoptive couples, on the other hand, failed to conceive and had to prepare themselves for a second decision about wanting children which involved medical tests for some and adoption for all. We did not ask the adopting couples if they suspected that they may have difficulty conceiving prior to marriage. No one mentioned this as a possibility.

Adoptive couples appeared to have to make two important decisions about wanting children: the first was the decision to have children, and the second was the decision to achieve parenthood by adoption. Humphrey (1969) suggests that relatively few infertile couples adopt. Many remain childless. It would appear that the motivation for parenthood would have to be quite strong for couples to decide twice that they wanted to parent. The importance of the parenthood role for these two groups of couples may be compared by examining their replies to two questions: (1) whether they agreed or disagreed that

marriage is the last step to adulthood, and (2) whether they agreed or disagreed that parenthood is the last step to adulthood. Both sets of parents strongly disagreed that marriage is the last step to adulthood. Natural parents and adoptive fathers also disagreed that parenthood is the last step to adulthood, but adoptive mothers strongly agreed that parenthood is the last step to adulthood. It seems that parenthood is an important and salient role for women within an infertile marriage and that the motivation for parenthood is strong enough for them to proceed through the necessary steps to adoption.

Preparation for Parenthood

Adoptive and natural parents indicated that they were fairly well prepared for parenthood. Two women from each group mentioned that they had some concerns about parenthood but these concerns were never specified.

Adoptive and natural parents received a large portion of their knowledge about parenthood from relatives and friends with some knowledge received from the media. One significant difference that can be noted is the natural parents were more apt to state that they had little or no information on particular items listed about parenthood, while adoptive parents stated they had received some information in almost all areas mentioned. The number of items that natural parents mentioned that they had no information on ranged from five to ten, while for those adoptive couples who did mention they lacked

information in some areas, it ranged from one to three. The most common areas mentioned by both groups were in economic patterns, changes in emotional and psychological needs (both of spouse and self), and changes in relationship with relatives. Natural parents mentioned things like pacifiers, teething, toilet training, and health care.

Both adoptive and natural parents ranked the pre-natal or pre-adoption programs as an important source of information, along with professionals, and relatives and friends. No significant differences occurred here. However, natural parents did identify many areas of parenthood in which they received information from the pre-natal program but adoptive parents indicated they received little information from the pre-adoption program. It seems that natural parents take their pre-natal program more seriously as a practical program to learn about every day parenthood activities, while adoptive parents probably see their pre-adoption program as a step to obtain a child rather than as a learning experience. Perhaps the pre-natal program is in fact more comprehensive than the pre-adoption program. However, some of the adoptive couples mentioned they had received no information concerning infertility. In fact the pre-adoption program had a two hour session on this subject. This researcher cannot explain the reason for this happening.

As for the three most important areas of concern, natural parents rank labour and birth process, and feeding as first and health care of a child as second, with no significant difference between men and women. Adoptive couples, on the other hand, rank child health care as first, and telling a child about adoption as second. Women were more likely to mention telling a child about adoption, while adoptive fathers mentioned child health care as most important to them. It seems that natural and adoptive parents differ little in particular areas of concern, except that adoptive mothers are also concerned about issues involving adoption.

Adaptation to Parenthood

Both sets of parents revealed two patterns of adjustment. Two adoptive and two natural parents adapted to parenthood with minor adjustment difficulties which were resolved over a short period of time, while two adoptive parents and two natural parents experienced major adjustment difficulties which took longer to resolve. Both minor and major adjustments centered around the fussiness of the baby and the meaning of the baby's crying. Parents with minor adjustment difficulties saw this as a natural part of the transition to parenthood and did not become overly concerned, while parents with major difficulties did become quite concerned and nervous about the situation. These often sought medical or personal advice as to what to do. The natural parents who

experienced difficulties both had unexpected cesarean sections. There is some evidence to suggest that women who experience a cesarean section have more difficulty bonding to the child, since they are immediately separated from their baby at birth and for a longer period of time than other parents (Kennell and Klaus, 1976; Sugerman, 1976). The adoptive couples who experienced difficulties had no known cause for their infertility, which may have also affected the bonding process, as these parents may have secretly hoped they would become pregnant by adopting and may have withheld bonding slightly for a while. This is an important area of future study.

There also occurred an important difference between natural and adoptive parents with regard to the fussiness and meaning of the baby's crying. Natural parents attributed the problem to a physical cause or ailment and found that medical advice or reassurance was quite helpful, while adoptive parents attributed the problem to the child being happy or unhappy with them. These couples found that the advice they received from other parents, especially adoptive parents, to be the most helpful and reassuring. Many of these parents also took their child to the doctor for advice but did not find him to be that helpful or reassuring.

In terms of identification of adoptive parents to natural parents, adoptive parents identify themselves very closely with regular parents and indicate that they

would feel very similar to natural parents on various issues of parenthood. The coping index was not given to natural parents, so we have no way of comparing here whether natural parents identify or would indicate that they would feel similar to adoptive parents. To obtain this data would be interesting to see how similar these two groups would be on this issue.

Marital Interaction

Role Allocation

All couples, adoptive and natural, followed the same inverted U-shaped pattern of role allocation from before the child arrived to three months later. All couples experienced an increase in doing things jointly at the arrival of the child, then decreased slightly three months post-placement or post partum. These couples also indicated that the wife did less alone at the initial arrival of the child and the husbands "pitched in" to do household activities and some child care. The wife did most of the child care activities.

In terms of role norms, that is, who should do the activities, a similar inverted U-shaped pattern for joint role activities occurred, and a regular U-shaped pattern for wife doing the activities alone.

Marital Adjustment

The marital adjustment pattern of adoptive couples generally increased with the arrival of a child in their home, while for natural parents there appeared to be a

general decrease in marital adjustment. The arrival of a child in natural situations appears to create some strain within the marriage, while the arrival of a child in adoptive situations appears to enhance the marriage, at least within the first three months of parenthood.

The one area within the marital adjustment which appeared to affect the strain in the marriage for natural parents was closeness. Only one man increased in this area, while all the others decreased. There was no particular area that seemed to increase the marital adjustment score for adoptive parents. There appeared to be a slight general increase in most areas.

Relationship with Relatives and Community

All natural parents were quite open about their pregnancy and revealed this to many others in their family and community, although it was very difficult to hide the fact of pregnancy as the due date approached. Adoptive couples, on the other hand, were able to be quite secretive about their application for adoption. Two couples in our sample were in fact restrictive in their openness even after they had been told they were approved for adoption. One of these couples did not reveal the intention to adopt to their immediate family. Only after placement of the child did they reveal that they adopted, which again was difficult to hide.

Both groups of couples mentioned that the arrival of the child did curtail their social and recreational

patterns. Natural parents seemed to indicate that they were bothered somewhat by this but adoptive couples expressed a preference for staying home with the baby.

Natural and adoptive parents indicated increased contact with their immediate family, especially their siblings, at the initial arrival of the child. Both sets of parents also received a great deal of assistance in child care and babysitting from relatives. It appeared that for these parents the arrival of a child in the home really becomes an extended family affair.

Developmental Tasks Accomplished

Both sets of parents appeared to have some difficulties in accomplishing several developmental tasks in moving from a couple with no children to a family with one child. In the expectant parent phase, natural parents appeared to have little difficulty or concern in acquiring knowledge about planning for specifics of pregnancy, while adoptive couples avoided or had difficulty in acquiring knowledge about the acceptance of infertility, but worked co-operatively with a person or agency responsible for providing a child for them. The reason may lie in the fact that pregnancy is seen as a normal development, while infertility is seen as non-normative. Adoption, on the other hand, is seen as a normative alternative for acquiring a child.

Natural parents appeared to encounter some difficulty in adapting patterns of sexual relationships to

pregnancy, while adoptive couples in this sample indicated little difficulty prior to placement but indicated that they were more satisfied with sexual relations in the post-placement period. Natural parents also appeared to be more satisfied after the birth of the child.

Both sets of parents seemed to have little difficulty in re-establishing working relationships with relatives and the community. One difference that did exist was that some adoptive couples waited until the child was placed before proceeding with this task.

A task which Duvall (1971) does not mention for the childbearing family which appeared to be quite bothersome for both natural and adoptive couples was establishing a love bond relationship with the child, and determining the needs and wants of the child. Both sets of parents were able to establish the love bond but they had difficulty in determining the meaning of the baby's cry and his/her fussiness. They often had to seek outside help and advice for reassurance. The difficulty with this task seemed to coincide with a decrease in marital satisfaction for women. It would appear that when women have difficulty with the parental role, it also affects their relationship with their husbands. Men do not seem to be affected as much; however, they also do not appear to be as intimately involved in the child care activities as is the wife. They do "pitch in" with the household duties,

which appear to be more manageable than the care of infant children. This may result in less role strain for men.

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS FOR PARENT EDUCATION

Rodgers (1973) points out that one of the basic functions of the family is reproduction or recruitment of group members. This is done with some very clearly defined norms specifying how it is to be carried out. For infertile couples, who are unable to reproduce children biologically, society permits and encourages achieving parenthood through various channels, one of which is to adopt a child through an accredited child welfare agency. It has been suggested, however, that the adoptive family is a rather special and unique type of family situation sharing some but not all of the broader characteristics of the more usual biologically formed family (Jaffee and Fanshel, 1970). This is supported by research which indicates that infertility and the circumstances surrounding raising someone else's child create stresses in the adoptive situation that are different from those occurring in the biologically derived family (Kirk, 1963; Deutsch, 1945; Schechter, 1970). Kirk (1964) suggests that this occurs due to a role handicap faced by the adoptive couple which arises from the fact that they learn about parenthood from contact with natural families and have little contact with other adoptive couples or adopted people.

This researcher undertook to study the transition to adoptive parenthood by using a longitudinal case study

approach for three reasons. The first was to describe the phenomenon of first time adoptive parental adjustment in more detail than has been previously done, taking into account pre- and post-placement attitudes, expectations, marital interaction, and Kirk's hypothesis of difference. Few studies (Bedoukian, 1958; Kirk, 1964) have explored the many role performances and normative changes that occur when an infertile couple adopts a small infant. Even fewer studies have examined the effect the placement of an adopted child has on marital interaction (Humphrey, 1969).

The second reason for this study was to do a brief comparative analysis of natural and adoptive couples using data from an identical research study and reviewing similar variables to determine what differences and similarities exist between the two groups in the transition to parenthood.

The third reason for undertaking this study was to use the information accumulated to make suggestions for educational programs for adoptive parents. This researcher would like to see programs based on actual rather than theoretical needs of adoptive couples.

Conclusions

The previous chapter describes the way four adoptive couples reacted during the transition to parenthood and gives a brief comparison of these couples with natural parents. In summary, we may say that, during the brief initial three month period, the transition to parenthood

for adoptive couples occurred fairly smoothly with some changes in their pattern of interaction with each other, their relatives, and the community.

Some specific conclusions that may be reached in this thesis are: (1) The couple's expectations were not always in line with the reality of what they experienced after placement. This was especially true with regard to establishing a love bond relationship and establishing the existing needs and wants of an infant. (2) All couples experienced some difficulty in adjusting to the placement of their first child, but this difficulty was seen as a normal role change in their lives and was accepted as such. (3) Adoptive couples identified closely with natural parents, more so immediately following placement than at any other time in the transition. (4) The placement of a child appeared to have a more negative effect on women's marital adjustment than on men's marital adjustment. (5) Husbands "pitched in" to help with household duties immediately following placement but this did not continue at the same level. A greater degree of role sharing coincided with the placement of a child in these adoptive homes. (6) Couples found support, especially immediately following placement, from their respective families. Husbands and wives increased their contact with siblings. (7) Adoptive and natural couples followed very similar transitional patterns with the following exception: Natural couples were more concerned with the physical dimensions of the transition, such

as labour and delivery, child care, and childhood illnesses; while adoptive couples were concerned with emotional issues particular to adoption, such as infertility, happiness of the child in their home, and telling the child about adoption. The arrival of a child in the home of adoptive couples appeared to have a more positive effect on marital adjustment than it did for natural couples.

Normative Dimensions of Transition to Adoptive Parenthood

Adoptive couples in this sample experienced much the same normative demands as did the natural couples. From the developmental point of view, the demand for reproduction contained a clear time element. Both groups were conscious that one should not wait too long before having a child and that this particular time was chosen to have a child because, as they stated, they all felt that the time had come as they didn't want to become too selfish.

Both groups were also conscious of a preparatory time before the arrival of a child. The natural couples prepared themselves during the pregnancy period and adoptive couples prepared themselves during the adoption application and home study period. Both groups attended preparatory classes, although natural couples appeared to receive more useful information through these programs than did adoptive couples. Although the adoptive couples were more private during the preparatory period, they did seek advice from close friends, relatives, and professionals about their upcoming role. There was less of a dysfunctional

change and more of a continuous change for adoptive couples than was expected by this researcher.

The normative changes in the transition period itself also appeared to be quite similar between adoptive and natural parents. Most of the developmental tasks ascribed to natural parenthood were also those encountered by adoptive couples. Some tasks appeared to require little accommodation. For example, adapting patterns of sexual relationships to pregnancy for natural couples can be stated for adopting couples as adapting pattern of sexual relationships in its non-procreative aspects. Another is acquiring knowledge about planning for specifics of pregnancy for natural couples to acquiring knowledge and acceptance of infertility and working co-operatively with an agency or with persons responsible in providing a child for adoption.

One task which should be added for both groups once the child arrives in the home and which was not mentioned by Duvall (1971) is establishing a love bond relationship and determining the needs and wants of an infant. Both groups of parents appeared to have some difficulty in accomplishing this task in the early stages of the transition, but after three months both groups had accomplished this task successfully.

A task which was mentioned in the review of the literature for adoptive couples which did not appear to be of concern to adoptive parents but did have some effect

on early family functioning was accepting the reality and acknowledging the differences that exist for natural and adoptive families.

Although all the adoptive couples identified themselves very strongly with natural parents and tried very hard to impress upon the researcher that they saw no difference between themselves and natural parents, they did indicate that they felt normless at times. The couples tried to use the norms they acquired from their own parents, their previous experience with children, and other natural parents with whom they were acquainted. They did apply these norms successfully to their present situation with little difficulty. There were times, however, when the adoptive couples stated that experiences of other adopting couples helped them out more than anything else. Perhaps at these times they did feel handicapped in their role and needed to verify or confirm their expectations with someone in similar circumstances as themselves. This may indicate there are critical periods during the family life cycle of adoptive couples when identification with natural couples becomes tenuous. At these times, adoptive couples may be experiencing feelings that are quite different from natural couples. Such feelings may be experienced at the time of acquiring the child, when the child begins asking about his origins, when telling the child about adoption, or during adolescence.

It appears, then, that in early adaptation to adoptive parenthood, few distinct differences show up between

adoptive and natural parents from the developmental point of view.

Recommendations for Parent Education

Present and Ongoing Programs

The present study indicates that new adoptive parents need some understanding of the dynamics of adapting to adoptive parenthood. In recent years many adoption agencies have tried to develop some sort of parenting program for adopting couples (Levine, 1971; Bach-Wiig, 1975; Paget and Thierry, 1976; Mullin and Thompson, 1974). A review of some of the programs indicates that they are of two types: one is done in pre-placement as a preparation program for interested parents who wish to adopt. Topics discussed at one program were attitude towards adoption, telling the child about adoption, infertility, illegitimacy, expectations of children, and preparation for placement and adoptive parenthood (Mullin and Thompson, 1974; Levine, 1971). Topics mentioned by Bach-Wigg (1975) were adoption and the law, adoption from a social worker's point of view, emotional development of children, fertility and infertility, and being a parent. This program was also flexible in that it provided opportunity for couples to determine some topics which interested them. This resulted in a parents' tour of the labour and delivery room at a hospital during one of the classes and a discussion on interracial adoptions.

A recent study by Wiehe (1976) indicates that individual and group programs aimed at preparation for

adoptive parenthood does indeed result in significant positive attitudinal changes in the areas of feelings toward unmarried parents and telling the child about adoption. However, attitudes were negatively altered on infertility; that is, the couples tended at the beginning of the sessions to view their infertility more positively than at the end of the sessions. The author of the study attributes this negative correlation to the discomfort felt by both the social workers and the couples in the sample when discussing the subject of infertility. It appears that very little meaningful discussion concerning infertility occurred during the test period. It indicates, however, that attitudes toward infertility represent a crucial and difficult area to approach in any preparatory program for adopting couples.

The second type of program presented to adoptive couples is a post-placement program. This type is generally less didactic than the preparatory programs and focused to a greater extent on child socialization issues. Topics which were generally discussed were how and when to tell a child about adoption, how to interpret the facts about his natural parents, discipline, answering questions about sex, sibling rivalry, combatting negative attitudes about adoption on the part of neighbors and school children, and how older children and adults who had been adopted viewed their adoption and the problem of infertility. Evaluations of the programs indicated they were very

helpful to adoptive parents in their dealings with their children. It also provided an opportunity for couples in adoptive situations to share their feelings and attitudes about adoption (Mullin and Thompson, 1974; Paget and Thierry, 1976).

The Child Welfare Service of Antigonish itself has undertaken both a preparation and a post-placement program for adoptive couples. In the preparation program six two-hour sessions once a week are given. The couples attending the program were those interested in adoption who had made application, as well as couples who had their home study completed and those already with a child placed in their home. The topics covered included unmarried mothers and the role of the agency, fertility and infertility, child-birth and adapting to parenthood, child development, infant feeding and nutrition, and identity problems and legal aspects. Films, video recordings and slides were used extensively. Professionals from other related agencies were also invited to contribute to the program. A general didactic lecture was usually given during the first hour and an open discussion followed during the final hour. This comprised the program's format.

Four such programs have been given in the last two years with modifications being made. The first sessions were given without delving into the hurtful feelings surrounding the area of infertility. The group leaders and participants were rather unsure and uncomfortable with

the material. However, as more sessions were given, the group leaders became more confident and aware of the feelings on the subject matter. This resulted in their being able to lead a discussion dealing with some of these hurtful feelings. This was of great benefit to the couples learning to resolve their difficulties. The results were also beneficial for the adoption workers who remarked that the couples who had attended the sessions were more open, honest, and frank about their feelings and attitudes during the individual home study sessions.

The post-placement program at the Child Welfare Agency is of a group discussion method, with the couples deciding on the topics to be discussed. No formal evaluation has been made as of yet on this program.

Other Areas of Concern

Menning (1977) points out that two very important areas need to be discussed among infertile people. One is the grieving process of a loss of a potential child. She stresses that the feelings that are present during this process need to be pointed out and discussed as a means of resolving the effects of these feelings. The other area affects sexuality. This area is important, as it is intimately tied into self-esteem and the relationship between spouses. She states that understanding around sexual relations and communication during infertility investigation and treatment is important, as there is often an element of perfunctory performance and non-spontaneity

which narrows the meaning of the sex act to one of reproduction. The meaning then changes once final diagnosis of infertility is stated. The couple must re-establish the meaningfulness of the act for themselves and deal with the painful memories that accompany the act.

Another important area mentioned by Kirk (1964) is the extent to which adoptive couples identify themselves with natural couples. Kirk maintains that many adoptive couples cope with adoptive parenthood in one of two ways: (a) by close identification with natural parents and denial or repression of feelings that arise which may differentiate them from natural parents, or (b) by acknowledgment that these feelings exist and awareness of them. He states that many couples are aware that they have different feelings, but that this doesn't bother them. This, he states, is conducive to good parent-child communication. On the other hand, denying the existence of these feelings may cause difficulties in parent-child communication. A recent study by Senzel and Yeakel (1971) supports this hypothesis of difference.

Important Areas of Concern Confirmed in This Study

The topics in the above programs zero in on areas that are particular to the adoptive situation, such as parents' feelings concerning infertility, the natural parent, and telling the child about adoption; and how these affect normal development and feelings of the adopted child. This study indicates that the proper

understanding of feelings concerning infertility is an important area; however, it is one with which it is difficult to deal. Wiehe (1976) indicated that in this area many infertile couples often deny many of their feelings in the early stages, which may account for his other finding that there was a negative correlation in the couples' attitudes to infertility when a program was put on which dealt with these feelings. Menning (1977) mentions that this anger and negativeness is a stage after denial that is present in the grieving process. The following stage is depression and sadness, followed by recovery. She states that one of the best ways she has found to help couples through this process is by having infertile couples meet regularly to discuss the issue among themselves. This group then becomes a self-help group. Kirk (1964) suggested this sort of approach would be useful in helping adoptive couples resolve many feelings.

A major difficulty revealed by Bierkens (1975) is that there seems to be a taboo against such open discussions, even between the childless marital partners themselves. There is a mutual reluctance to broach the subject, perhaps because it is so painful. One way to get around this is to incorporate it into a general program through an adoption agency. However, this thesis indicates that through such means there still exists a high degree of denial or reluctance to accept facing the issue immediately. Many adopting couples who had attended

a program which dealt with infertility were not willing to admit that they had received information concerning this area through the program.

This study also found that some couples were concerned about telling the child he was adopted, but this was not an immediate concern. It was something to think about for the future. Many, however, stated that they saw no difficulty in this area. One man stated it this way: "I'll know when the time comes. I'll get the feeling of how and when to tell her."

These last two concerns may be important, since this study points out that there may be critical periods during the family life cycle of adoptive couples. For example, feelings about infertility and the concern by the child about his origins may surface and negatively affect family functioning if these feelings surrounding these areas are not acknowledged and accepted by the parents.

There was also some concern about the unmarried mother. The concern centered around the girl finding out where the baby was and being able to take the baby back. It appeared to be more of a legal concern than an emotional one. These last two areas, then, were not of immediate and prime concern to the couples. They had more immediate concerns in the transition to parenthood; but they may be more critical later on.

Neglected Areas

The results of this study also indicate that there have been some important areas which have been neglected in the parenting programs. One such area is marital interaction. The placement of an adopted child in the home may have a positive or negative effect on the individual parent and on the relationship between the parents. The areas which appear to be affected are role allocation, feelings of closeness to the spouse, compatibility with the spouse, and demonstration of affection, such as sexual relations. These areas are also seen as important for natural parents. This study points out that, in the early transition period, both natural and adoptive couples have very similar concerns in marital interaction.

Another important area which needs to be discussed and better understood by prospective adopting couples is the bonding process between infant and parent. Although this study did not delve into this issue in depth, the results indicate that a period of time is needed to establish a love bond relationship. A recent review of the research (Sugarman, 1977) indicates that there may be critical periods of development for parent-child attachment. It has been suggested that the first hour after birth may be such a critical time. Yet at adoption, the infant is placed when he or she is several weeks old, well beyond this initial period. Research indicates that there is also a marked disorganization, distress-producing effect

when a single caretaker was changed at ten days of life (Sugarman, 1977). Also, in the newborn nursery with multiple caretakers night and day, rhythms were not established before ten days of age, although they were established in a few days with a single caretaker. Infants with multiple caretakers showed greater distress in feeding, which consisted of grimacing, turning away from the nipple, spitting out the nipple, gagging, spitting up, fussing, and crying. Finally, visual attention patterns that failed to become regular even after eight to ten weeks in infants with multiple caretakers, were regular within eight to ten days in the single-caretaker group of infants (Sugarman, 1977).

In many adoptive situations, once the child is placed the adoptive couple often changes the baby's name and call him by a new name. It is not surprising, then, to hear adoptive couples in this study say they wonder if the child is happy in their home. They have probably noticed a high degree of disorganization in the infant. One couple mentioned that the best way they found to cope was by cuddling the child. This approach is suggested as essential for early maternal infant bonding (Kennell and Klaus, 1976). Touching and cuddling within the first hour after birth appears to improve maternal-infant attachment.

Benedeck (1970) also points out that some mothers over-respond to the child's fussiness, which may cause

further difficulties. The natural rhythm of the infant may be easily upset if the mother, in her anxious eagerness, responds to any sign of the infant's discomfort by feeding him lest he go hungry, or holding him lest he hurt somewhere. Thus anxious mothers have restless babies and restless babies increase their mothers' insecurity. It appears then that adoptive couples need to understand the bonding process, as well as receive support for this difficult task.

This study also indicates that prospective adoptive couples do attend pre-adoption programs but that they appear to take away little information or they deny the existence of the need for such a program. They may see the program merely as a stepping stone to obtaining a child for adoption with little attention paid to the content. In attempting to develop a parent education program, consideration should be given to discussing this aspect with the couples.

Needs of a Parent Education Program for Adoptive Couples

The above is a summary of important areas revealed by other programs, previous research, and this study. From the above reported findings of this study and review of the literature, the following needs should be considered for parent education programs for adoptive couples: (1) There is a need to help couples become more self-aware and less defensive about their feelings concerning infertility, especially as it relates to self-esteem and sexuality. The need to help couples in understanding the stages of

grieving over the loss of a potential child, as well as support through this process, is important. (2) There is a need for an awareness and understanding of the possible negative and positive marital interaction changes that may occur throughout the transition to parenthood. (3) There is a need for an awareness and understanding of the difficulties in the bonding process that occurs between an adoptive parent and a child that has gone through several caretakers. There is a need to help in learning various means to establish a love bond relationship and in determining the needs and wants of a young infant. (4) There is a need to help in learning about day to day child care activities, such as infant feeding and nutrition, childhood illnesses and health care, and normal child development for adoptive couples. (5) There is a need for couples to understand the legal aspects of adoptive parenthood and their rights and responsibilities. (6) There is a need to create an atmosphere of trust and openness so that couples can become freer to support each other in this important venture. (7) There is a need to support couples in becoming aware of the many similarities and differences, be they minor or major, with regard to natural and adoptive parenthood. This may be done through programs which include natural and adoptive couples. A great deal could be learned from both perspectives. (8) There is a need for didactic factual material to be given, as well as permitting opportunities for more emotional, free flowing discussion to

allow for negative, as well as positive, feelings to be aired and resolved.

Limitations to the Study

Although this thesis attempted to improve on previous research in adaptation to adoptive parenthood, it still suffers from some major limitations. One such limitation is the sample size, which forced this researcher to pursue a case study method of data analysis. Because of this, the results of the study may not be generalized and the conclusions are very tentative and speculative, pending a further study using a larger and more representative sample.

A second limitation is the relatively short period of time each couple was studied. When one examines changing normative situations, it is possible that three months post-placement may not be sufficient time to allow couples to make a complete change. It is also possible that this study may not reveal the full impact of the normative changes in early parenthood transition. A longer period of time, such as one or two years, may have been more fruitful.

A third limitation was in the voluntary aspect of the participation in this study. Three couples refused to participate because the husbands refused even though the wives agreed. Had these couples participated, a different set of normative patterns may have emerged. This thesis may have merely exemplified the normative patterns of

couples who participated because they felt this may have bettered their chances of obtaining a child for placement, or for placement to occur more quickly. The subtle unknown pressures of this nature may have contaminated this study.

A fourth limitation is the fact that this sample contained one couple who had conceived but miscarried several times. This couple refused to define themselves as infertile. This may have contaminated the couple; however, the results indicate that they reacted in very similar ways as did the other three couples.

A final limitation of this study was that it only identified some of the areas pertaining to the expectations and adjustments of first-time adoptive parenthood. The researcher is aware that some areas were probably overstressed, such as role allocation, concerns about parenthood, identification with natural parents, and there may have been implicit acceptance on the part of the researcher of the hypothesis of difference as forwarded by Kirk (1964). Some areas were neglected, such as the gratifications of parenthood, the perception of competence in performing roles, and the sanctions used when a norm is broken and how this changes with the addition of a child in the home.

Implications for Further Research

The preceding discussion provided interesting directions for future research. The placement of a child for adoption does require normative adjustments for new

parents. This study was done on a very small number of couples over a very short period of time. A repetition of the study on a larger, more representative sampling could solidify or refute the conclusions of this study. Extending the length of the longitudinal study to one or two years could reveal more complete information on the normative changes required for a smooth transition to adoptive parenthood and reveal other similarities and differences with natural parents, as well as test the possibility that the hypothesis of differences reveals itself only during critical periods in the family life cycle of adoptive couples.

Several areas merely touched upon very briefly or neglected could be examined in greater detail: the sexual activity and feelings surrounding infertility and the onset of adoptive parenthood, the grieving process and its resolution and the subsequent effect on adoption outcome, the effect of combining work and family roles in dual work households, and the nature of social support systems, such as work and friends, as it affects adoption outcome. The present study did not look very closely at the parent-infant bonding process, nor did it examine two roles which Nye (1976) found to be important in the analysis of the role structure of the family, namely the therapeutic and child socialization roles. Neither did it look at the very important issue of sanctions administered when role norms are being broken and how these vary over time. Nye (1976) also found that role competence was an important

aspect of role performance which had an effect on marital satisfaction, marital control, and role norms. Similar longitudinal data could shed light on adoption outcome and post-placement adjustment.

The need for continuing study in this area is important as adoption workers have long recognized that the assessment of adoptive applicants prior to placement and during the initial post-placement period is a delicate and difficult task, the outcome of which has profound implications for the adoptive couple and for the child placed with them. The search for what it is in the adoptive situation that is relevant to successful achievement of adoptive parenthood has long been a concern to adoption workers and agencies. It is in this context and in the context of being able to develop good preparatory programs that the present study was located. It is hoped that it has been able to aid in this area and that further research will continue along these lines.

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APPENDIX A

SAMPLE OF LETTER TO PROSPECTIVE INTERVIEWEES

Dear Friends:

I am a Director of the Family Life Department of Family Service of Eastern Nova Scotia, and a graduate student at the University of Alberta. I would like to do my Master's research on transition to parenthood as experienced by adoptive couples. I am particularly interested in conducting a research study which would enable me to prepare a program which would help ease the transition to parenthood. I feel it is very important that information of this nature, for use in such agencies as Child Welfare, be available so that relevant parent education programs can be developed to meet actual rather than theoretical needs.

I am selecting ten to fifteen couples, who are presently married, between the ages of twenty and thirty-five, and are adopting their first child. I am also hoping to interview the couples at three time intervals, that is, two weeks after the couples have been approved for adoption, two weeks after the child has been placed with the couples, and three months later.

The information is completely confidential. No part of this study is connected in any way with the adoption procedures, and none of the information received for the study will be revealed to the Child Welfare Service workers.

Your participation in this study is completely voluntary and you should not feel obliged to participate. In no way will your acceptance or refusal to participate affect the final outcome of the adoption procedure.

I will be telephoning you in the next few days to determine whether or not you wish to participate and to answer any questions you may have concerning the study.

If you wish, you may discuss this study further with me by phoning me at 562-4981 during office hours or 562-3847 in the evening.

Thanking you kindly in advance for any consideration which you might give to this research project, I remain,

Sincerely yours,

RS/ln

Richard Sevigny

APPENDIX B
IN-DEPTH INTERVIEW SCHEDULE

HUSBAND'S INTERVIEW I¹

(Pre-Placement)

CODE _____

HUSBAND _____

WIFE _____

We are from the Division of Family Studies at The University of Alberta and we are interested in finding out what parents expect of the adoption of their first child and what adjustments they have to make to this event. We also want to ask you some questions about your attitudes and feelings towards marriage. This will help us understand the phenomenon of adoption and in turn we will be able to help other couples adjust to this event in a more realistic way. All of this information is, of course, confidential. Your name will not be on any of this information.

¹Wife's interviews number one and two were identical, for the most part, to the husband's interviews, except the wording was changed slightly to accommodate the answers of the wife.

Part I

THE FOLLOWING QUESTIONS HAVE TO DO WITH CERTAIN ROLES PEOPLE TAKE ON IN MARRIAGE. PLEASE CIRCLE THE PERSON IN YOUR MARRIAGE WHO USUALLY DOES THE ACTIVITY MENTIONED AS WELL AS THE PERSON WHO YOU THINK SHOULD DO THE ACTIVITY MENTIONED.

H = Husband

W = Wife

B = Both, whether done at the same time or separately

N/A = Not applicable to me at this particular time

- | | | | | |
|--|---|---|---|-----|
| 1. Who usually makes the meals? | H | W | B | N/A |
| 2. Who should make the meals? | H | W | B | N/A |
| 3. Who usually buys the baby's clothes? | H | W | B | N/A |
| 4. Who should buy the baby's clothes? | H | W | B | N/A |
| 5. Who usually participates in community activities? | H | W | B | N/A |
| 6. Who should participate in community activities? | H | W | B | N/A |
| 7. Who usually decides on which birth control method to use? | H | W | B | N/A |
| 8. Who should decide on which birth control method to use? | H | W | B | N/A |
| 9. Who usually invests money? | H | W | B | N/A |
| 10. Who should invest money? | H | W | B | N/A |
| 11. Who usually goes to work to support the family? | H | W | B | N/A |
| 12. Who should go to work to support the family? | H | W | B | N/A |
| 13. Who usually vacuums and dusts? | H | W | B | N/A |
| 14. Who should vacuum and dust? | H | W | B | N/A |
| 15. Who usually puts the baby to bed? | H | W | B | N/A |
| 16. Who should put the baby to bed? | H | W | B | N/A |
| 17. Who usually goes out for an evening with friends? | H | W | B | N/A |
| 18. Who should go out for an evening with friends? | H | W | B | N/A |
| 19. Who usually decides how to spend the money? | H | W | B | N/A |
| 20. Who should decide how to spend the money? | H | W | B | N/A |
| 21. Who usually repairs things around the house? | H | W | B | N/A |
| 22. Who should repair things around the house? | H | W | B | N/A |
| 23. Who usually gets up at night if the baby fusses? | H | W | B | N/A |
| 24. Who should get up at night if the baby fusses? | H | W | B | N/A |

25. Who usually goes to sports activities (as participant or as spectator)?	H	W	B	N/A
26. Who should go to sports activities (as participant or as spectator)?	H	W	B	N/A
27. Who usually decides where the husband should work?	H	W	B	N/A
28. Who should decide where the husband should work?	H	W	B	N/A
29. Who usually pays the bills in a given month?	H	W	B	N/A
30. Who should pay the bills in a given month?	H	W	B	N/A
31. Who usually makes the beds?	H	W	B	N/A
32. Who should make the beds?	H	W	B	N/A
33. Who usually feeds the baby?	H	W	B	N/A
34. Who should feed the baby?	H	W	B	N/A
35. Who usually goes to cultural activities?	H	W	B	N/A
36. Who should go to cultural activities?	H	W	B	N/A
37. Who usually decides where to go out for an evening?	H	W	B	N/A
38. Who should decide where to go out for an evening?	H	W	B	N/A
39. Who usually spends money on clothes?	H	W	B	N/A
40. Who should spend money on clothes?	H	W	B	N/A
41. Who usually empties the garbage?	H	W	B	N/A
42. Who should empty the garbage?	H	W	B	N/A
43. Who usually buys the baby furnishings?	H	W	B	N/A
44. Who should buy the baby furnishings?	H	W	B	N/A
45. Who usually invites friends over to the house?	H	W	B	N/A
46. Who should invite friends over to the house?	H	W	B	N/A
47. Who usually decides what baby furnishings to buy?	H	W	B	N/A
48. Who should decide what baby furnishings to buy?	H	W	B	N/A
49. Who usually does the dishes?	H	W	B	N/A
50. Who should do the dishes?	H	W	B	N/A
51. Who usually carries the baby when you go out?	H	W	B	N/A
52. Who should carry the baby when you go out?	H	W	B	N/A
53. Who usually visits the husband's relatives?	H	W	B	N/A
54. Who should visit the husband's relatives?	H	W	B	N/A
55. Who usually decides if the wife should work?	H	W	B	N/A
56. Who should decide if the wife should work?	H	W	B	N/A
57. Who usually buys life insurance?	H	W	B	N/A
58. Who should buy life insurance?	H	W	B	N/A

59. Who usually does the laundry?	H	W	B	N/A
60. Who should do the laundry?	H	W	B	N/A
61. Who usually changes the baby's diaper?	H	W	B	N/A
62. Who should change the baby's diaper?	H	W	B	N/A
63. Who usually visits the wife's relatives?	H	W	B	N/A
64. Who should visit the wife's relatives?	H	W	B	N/A
65. Who usually gets the car repaired?	H	W	B	N/A
66. Who should get the car repaired?	H	W	B	N/A

Part II

THE FOLLOWING QUESTIONS HAVE TO DO WITH ADJUSTMENT IN MARRIAGE.

All the questions can be answered by placing a check next to the appropriate answer. Please fill out all items. If you cannot give the exact answer to a question, answer the best you can. Give the answers that best fit your marriage at the present time. Thank you.

1. Have you ever wished you had not married?
 - a. Frequently _____
 - b. Occasionally _____
 - c. Rarely _____
2. If you had your life to live over again would you:
 - a. Marry the same person _____
 - b. Marry a different person _____
 - c. Not marry at all _____
3. Do husband and wife engage in outside activities together?
 - a. All of them _____
 - b. Some of them _____
 - c. None of them _____
4. In leisure time, which do you prefer?
 - a. Both husband and wife to stay at home _____
 - b. Both to be on the go _____
 - c. One to be on the go and the other to stay home _____
5. Do you and your mate generally talk things over together?
 - a. Never _____
 - b. Now and then _____
 - c. Almost always _____
 - d. Always _____
6. How often do you kiss your mate?
 - a. Every day _____
 - b. Now and then _____
 - c. Almost never _____
7. How many things satisfy you most about your marriage?
 - a. Nothing _____
 - b. One thing _____
 - c. Two things _____
 - d. Three or more _____
8. When disagreements arise they generally result in:
 - a. Husband giving in _____
 - b. Wife giving in _____
 - c. Neither giving in _____
 - d. Agreement by mutual give and take _____

9. Check any of the following items which you think have caused serious difficulties in your marriage.

Mate's attempt to control my spending money _____
 Other difficulties over money _____
 Religious differences _____
 Different amusement interests _____
 Lack of mutual friends _____
 Constant bickering _____
 Interference of in-laws _____
 Lack of mutual affection (no longer in love) _____
 Unsatisfactory sex relations _____
 Selfishness and lack of co-operation _____
 Adultery _____
 Desire to have children _____
 Sterility of husband or wife _____
 Venereal diseases _____
 Mate paid attention to (became familiar with)
 another person _____
 Desertion _____
 Non-support _____
 Drunkenness _____
 Gambling _____
 Ill health _____
 Mate sent to jail _____

10. What is the total number of times you left mate or mate left you because of conflict?
- No times _____
 - One or more times _____
11. How frequently do you and your mate get on each other's nerves around the house?
- Never _____
 - Occasionally _____
 - Frequently _____
 - Almost always _____
 - Always _____
12. What are your feelings on sex relations between you and your mate?
- Very enjoyable _____
 - Enjoyable _____
 - Tolerable _____
 - Disgusting _____
 - Very disgusting _____
13. What are your mate's feelings on sex relations with you?
- Very enjoyable _____
 - Enjoyable _____
 - Tolerable _____
 - Disgusting _____
 - Very disgusting _____

STATE APPROXIMATE EXTENT OF AGREEMENT OR DISAGREEMENT BETWEEN HUSBAND AND WIFE ON THE FOLLOWING ITEMS:

Check one column for each item below	Always agree	Almost always agree	Occasionally disagree	Frequently disagree	Almost always disagree
14. Handling family finances (example: installment buying)					
15. Matters of recreation (example: going to dances)					
16. Demonstration of affection (example: frequency of kissing)					
17. Friends (example: dislike of mate's friends)					
18. Intimate relations (example: sex relations)					
19. Ways of dealing with in-laws					
20. The amount of time that should be spent together					
21. Conventionality (example: right, good, or proper conduct)					
22. Aims, goals, and things believed to be important in life					
23. On the scale line below check the mark which best describes the degree of happiness, everything considered, of your marriage. The middle point "happy" represents the degree of happiness which most people get from marriage, and the scale gradually ranges on one side to those few who experience extreme joy in marriage and on the other to those few who are very unhappy in marriage.					
		*			*
Very unhappy		Happy			Perfectly happy

Part III

THE FOLLOWING QUESTIONS HAVE TO DO WITH THE RELATIONSHIP
YOU HAVE WITH YOUR RELATIVES.

1. Does anyone live with you besides you (husband, wife)?
Specify _____
2. How long have you lived in this city? _____ months
_____ years
3. Where did you live prior to coming to the Industrial
Area of Cape Breton? _____
4. Did you life
 - _____ 1. On a farm
 - _____ 2. Outside a town, but not a farm
 - _____ 3. In a town of less than 5,000 people
 - _____ 4. In a town of 5,000-25,000 people
 - _____ 5. In a city of 25,000-100,000 people
 - _____ 6. In a city of over 100,000 people
5. Have you ever lived in the same community as your parents
since you have been married?
 - _____ 1. No
 - _____ 2. Yes, but not during the past two years
 - _____ 3. Yes, up until very recently
 - _____ 4. Yes, the whole time
 - _____ 5. Yes, for the last year or so
 - _____ 6. Yes, on and off
 - _____ 7. Yes, for the past several years
6. Do you believe you and your spouse agree on how frequently
you should be in touch with any of your relatives?
 - _____ 1. Yes, we agree completely
 - _____ 2. We agree for the most part
 - _____ 3. We disagree to some extent
 - _____ 4. We disagree completely
7. Are your parents still living?
 - _____ 1. Yes, both are living
 - _____ 2. Father only is living
 - _____ 3. Mother only is living
 - _____ 4. Neither parent is living
8. If both are living, are they living together?
 - _____ 1. Yes
 - _____ 2. No (tell me something about the one with whom
contact is most frequent)
9. Where are they living? _____ He/She living _____

10. Do they (he, she) live:

- _____ 1. On a farm
- _____ 2. Outside a town, but not on a farm
- _____ 3. In a town of less than 5,000 people
- _____ 4. In a town of 5,000-25,000 people
- _____ 5. In a city of 25,000-100,000 people
- _____ 6. In a city of 100,000 plus people

11. For the past two years or so, about how often have you seen your parents (or the one we are talking about)?

- _____ 1. Every day
- _____ 2. More than once a week
- _____ 3. Once a week
- _____ 4. More than monthly
- _____ 5. About once a month
- _____ 6. Several times a year
- _____ 7. About once a year
- _____ 8. Less than once a year
- _____ 9. Never

12. If you have not seen them (him, her) at all, how long has it been since you have seen them? _____
(Insert number of years)

13. Whose idea is it usually that you get together?

- _____ 1. Your idea
- _____ 2. Your spouse's idea
- _____ 3. Your parent's idea
- _____ 4. Sometimes your idea, and sometimes your parents'
- _____ 5. No one suggests it; we get together from habit or tradition

14. In the past two years or so, how often have you and your parent(s) engaged in the following types of activities together?

- | | |
|----------------------------|-------------------|
| (1 - more than once a year | 3 - once or twice |
| 2 - several times a year | 4 - never) |
- _____ 1. Commercial recreation
 - _____ 2. Home recreation such as picnics, card playing, etc.
 - _____ 3. Outdoor recreation such as fishing, hunting, or camping
 - _____ 4. Brief drop-in visits for conversation
 - _____ 5. Vacation visits
 - _____ 6. Large family reunions (including aunts, uncles, cousins)
 - _____ 7. Emergencies of any sort (sickness, death, etc.)
 - _____ 8. Working together at the same location or occupation
 - _____ 9. Baby-sitting

(cont.)

- _____ 10. Happy occasions such as birthdays or Christmas
 _____ 11. Attending the same church or religious group
 _____ 12. Shopping together
 _____ 13. Other (Specify) _____
15. Has this pattern changed since your approval for adoption? _____ If so, how? _____
16. Do you wish you could see your parents more or less often than you do?
- _____ 1. Much less often
 _____ 2. A little less often
 _____ 3. See them just often enough
 _____ 4. A little more often
 _____ 5. Much more often
17. How often do you (your spouse) write letters to your parents?
- _____ 1. Never
 _____ 2. Only on special occasions such as birthdays or Christmas
 _____ 3. Several times a year
 _____ 4. About once a month
 _____ 5. Several times a month
 _____ 6. Once a week or more
18. Has this pattern changed since your approval for adoption? _____ If so, how? _____
19. Do you ever talk to your parents on the telephone?
- _____ 1. No, never
 _____ 2. Yes, on special occasions or in emergencies
 _____ 3. Several times a year
 _____ 4. About once a month
 _____ 5. Several times a month
 _____ 6. Once a week or more
20. Has this pattern changed since your approval for adoption? _____ If so, how? _____
21. Do you usually call them, or do they call you?
- _____ 1. You almost always call them
 _____ 2. You call a little more often
 _____ 3. You and they call equally often
 _____ 4. They call a little more often
 _____ 5. They almost always call you
22. Has this pattern changed since your approval for adoption? _____ If so, how? _____
23. How many brothers and sisters do you have? (Insert number) _____ Brothers _____ Sisters
24. What is your position in the family? _____

25. Are you already an Aunt/Uncle? _____
If so, how many times? _____
26. Have you had more contact with one or more brothers
and/or sisters since your filing for adoption? _____
27. Who usually initiates this contact?
_____ 1. You almost always
_____ 2. You a little more often
_____ 3. You and they equally often
_____ 4. They a little more often
_____ 5. They almost always
28. Do you plan on having someone come in to help out?
_____ 1. Immediately following the placement of child
_____ 2. Later in the year
_____ 3. No help needed
29. If you plan on having help, who do you plan on having?
Specify _____
30. Do your relatives know you are adopting a child?
_____ Yes
_____ No If not, why not? _____
31. Does anyone other than your relatives know that you
are adopting a child?
_____ Yes If yes, who? _____
_____ No If not, why not? _____
What was their reaction? _____
How do you feel about their reaction to this event?

Part IV

THE FOLLOWING QUESTIONS HAVE TO DO WITH HOW YOU SEE YOURSELF AS AN ADOPTIVE PARENT.

1. Do you feel that other parents have satisfactions that adoptive parents don't have? _____
2. Do you feel that you (your wife) have missed an important experience in not bearing your own children? _____
3. In many situations, the feelings of an adoptive parent are just like those of any parent; in other situations, the feelings of adoptive parents may well be different. For each situation listed here, please tell me whether you would expect adoptive parents to have the same feelings as natural parents would have or whether you think their feelings would differ.

Situations

- a. When a child is expected but hasn't arrived yet _____
 - b. When the relatives meet the child _____
 - c. When someone comments on whether or not the child resembles the parents _____
 - d. When the parent sees his/her preschool child playing with his/her sexual organs _____
 - e. When the child wants to know where babies come from _____
 - f. When discussing children and their problems with a neighbor _____
 - g. When the child has a birthday party _____
 - h. When the child starts school _____
 - i. When the child is sick _____
 - j. When the child gets into trouble with other children or is teased by them _____
 - k. During adolescence, when parents are generally pushed aside in the child's search for independence _____
 - l. When the child contemplates marriage _____
 - m. When the child is grown up and married and the first grandchild is born _____
4. In your opinion do adoptive parents have some satisfactions which other parents do not have? _____
 5. And now, what about other parents? Do you feel that they have satisfactions that adoptive parents don't have? _____
 6. At what time, or in what circumstances, are you most keenly aware of the fact that you are an adoptive parent? _____

7. Have you any special family ceremonies or special days to celebrate, connected with adoption? _____
8. Now a question about your child's original parents. How often would you say you think about them-- frequently, just once in a while, or never? _____
9. It is apparently not unusual for people at times to feel that they might have been happier with some other child than the one they have. In your opinion, is this feeling more likely to occur in families without adopted children, or in families with adopted children? _____
10. From an earlier study of attitudes, we learned that some people in the community seem to look on the adoptive family as being different in some ways from other families. Since some people see it this way... Would you say it is all right for adoptive families to be frankly different by adopting children whose ages make it clear that they couldn't have been born to the same mother? _____

Part V

THE FOLLOWING SECTION HAS TO DO WITH WHAT YOU EXPECT YOUR
BABY TO BE LIKE.

Most parents expecting their first child have certain expectations regarding the baby. For example, they anticipate who the baby will look like, what color eyes the baby will have and how much the baby will weigh. These same parents sometimes anticipate certain sleeping, waking, feeding, and activity patterns in their baby.

Could you tell me what you expect your baby to be like?

How well prepared do you feel at this time for parenthood?

- _____ 1. Well prepared
- _____ 2. Fairly well prepared
- _____ 3. Some concerns about
- _____ 4. Not at all prepared

Part VI

THE FOLLOWING QUESTIONS HAVE TO DO WITH YOUR PREPARATION FOR PARENTHOOD.

Where did you obtain the following information?
(Put the number indicating the source of your information)

Rank in order the three most important sources

1. Pre-adoption program
2. Your mother, relatives, or neighbors. Specify _____
3. Media: t.v., radio, books, magazines, articles _____
4. Courses, i.e. university, community programs, etc.
5. Professionals: doctors, nurses
6. Your own experience
7. Pre-marriage course
8. Other. Specify _____
9. No information or don't know

Rank in order the three most important types of information

1. Feeding: bottle, solids, frequency _____
2. Bathing _____
3. Labour and birth processes _____
4. Sleeping and waking patterns _____
5. Clothing _____
6. Discipline and behavior _____
7. Pacifiers _____
8. Illness, childhood diseases _____
9. Health care, inoculations, diarrhea, cholic _____
10. Changes in economic patterns _____
11. Teething _____
12. Changes in social activities _____
13. Toilet training _____
14. Changes in emotional and psychological needs (both spouse and self) _____
15. Acceptable and reliable family planning method _____
16. Changes in relationship to relatives _____
17. Adoption procedure _____
18. Fertility and infertility _____
19. Telling a child he/she is adopted _____
20. Other (Specify) _____

Part VII

1. (a) Is your wife presently working? _____
 _____ Part time
 _____ Full time

 (b) If so, what at? _____
2. How long has your wife been working? _____
3. How long does your wife plan to work? _____
4. Does your wife plan on working after the baby is placed?
 _____ Yes
 _____ No
5. (a) If yes, how soon? _____
 (b) Why or for what reasons? _____
 (c) If no, why not? _____
6. How did you go about deciding to adopt a child at this particular time?
 What factors influenced it? Social pressures, work, knowledge of infertility, etc?

7. How long have you known that you, as a couple, were unable to conceive a child? _____
8. How did you react or cope with this knowledge?

Part VIII

THE FOLLOWING QUESTIONS ARE FOR BACKGROUND DETAILS ONLY

Age (at last birthday) _____ Religion _____

Sex _____ Income _____

Length of present marriage _____

Previously married _____ Yes If yes, how long? _____
 _____ No

Education Grade school 1 2 3 4 5 6 7 8 9
 (circle one) High school 1 2 3 4
 University 1 2 3 4 5 6
 Degree obtained _____
 Technical school _____
 Other training _____

Which of the following statements best describes the working situation of the person named "main wage earner"? (check one)

- _____ 1. Works for someone, does not manage the business or firm
 _____ 2. Works for someone, does manage the business or main part or section of it
 _____ 3. Owns a business (or firm) but hires someone else to manage it
 _____ 4. Owns and manages his or her own business or firm.
 _____ 5. Retired

Which is the source of income of the main wage earner? (check one)

- _____ 1. Weekly wages, piece work
 _____ 2. Salary, commission (monthly)
 _____ 3. Income from odd jobs
 _____ 4. Social development, government pension
 _____ 5. Profits, fees
 _____ 6. Inherited and invested
 _____ 7. Invested income

What is the occupation of the main wage earner? _____

HUSBAND'S INTERVIEW II¹
(Two Weeks Post-Placement)

Part III

THE FOLLOWING QUESTIONS HAVE TO DO WITH THE RELATIONSHIP YOU HAVE WITH YOUR RELATIVES.

1. In the past two years or so, about how often have you seen one or both of your parents?
_____ 1. Every day
_____ 2. More than once a week
_____ 3. Once a week
_____ 4. More than monthly
_____ 5. About once a month
_____ 6. Several times a year
_____ 7. About once a year
_____ 8. Less than once a year
_____ 9. Never
2. Has this pattern changed since placement of the baby?
_____ If so, how? _____
3. Do you wish you could see your parents more or less often than you do?
_____ 1. Much less often
_____ 2. A little less often
_____ 3. You see them just often enough
_____ 4. A little more often
_____ 5. Much more often
4. How often do you (your spouse) write letters to your parents?
_____ 1. Never
_____ 2. Only on special occasions such as birthdays or Christmas
_____ 3. Several times a year
_____ 4. About once a month
_____ 5. Several times a month
_____ 6. Once a week or more
5. Has this pattern changed since placement of the baby?
_____ If so, how? _____
6. Do you ever talk to your parents on the telephone?
_____ 1. No, never
_____ 2. Yes, on special occasions or in emergencies
(cont.)

¹Parts I and II were identical to Husband's Interview I.

- _____ 3. Several times a year
_____ 4. About once a month
_____ 5. Several times a month
_____ 6. Once a week or more
7. Has this pattern changed since placement of the baby?
_____ If so, how? _____
8. Do you usually call them, or do they call you?
_____ 1. You almost always call them
_____ 2. You call a little more often
_____ 3. You and they call equally often
_____ 4. They call a little more often
_____ 5. They almost always call you
9. Has this pattern changed since placement of the baby?
_____ If so, how? _____
10. Have you had more contact with one or more brothers
and/or sisters since placement of the baby?

11. Who usually initiates this contact?
_____ 1. You almost always
_____ 2. You a little more often
_____ 3. You and they equally often
_____ 4. They a little more often
_____ 5. They almost always
12. Did someone come in to help you after the placement of
the baby? _____
_____ 1. Relative (Specify) _____
_____ 2. Friend
_____ 3. Agency
13. Did you have the person you planned to have?
_____ Yes
_____ No
14. If the answer to Number 13 is no, who did you have?

Part IV

THE FOLLOWING QUESTIONS HAVE TO DO WITH HOW YOU SEE YOURSELF AS AN ADOPTIVE PARENT.

1. Do you feel that other parents have satisfactions that adoptive parents don't have? _____
2. Do you feel that you (your wife) have missed an important experience in not bearing your own children? _____
3. In many situations, the feelings of an adoptive parent are just like those of any parent; in other situations, the feelings of adoptive parents may well be different. For each situation listed here, please tell me whether you would expect adoptive parents to have the same feelings as natural parents would have or whether you think their feelings would differ.

Situations

- a. When a child is expected but hasn't arrived yet _____
 - b. When the relatives meet the child _____
 - c. When someone comments on whether or not the child resembles the parents _____
 - d. When the parent sees his/her preschool child playing with his/her sexual organs _____
 - e. When the child wants to know where babies come from _____
 - f. When discussing children and their problems with a neighbor _____
 - g. When the child has a birthday party _____
 - h. When the child starts school _____
 - i. When the child is sick _____
 - j. When the child gets into trouble with other children or is teased by them _____
 - k. During adolescence, when parents are generally pushed aside in the child's search for independence _____
 - l. When the child contemplates marriage _____
 - m. When the child is grown up and married and the first grandchild is born _____
4. In your opinion do adoptive parents have some satisfactions which other parents do not have? _____
 5. And now, what about other parents? Do you feel that they have satisfactions that adoptive parents don't have? _____
 6. At what times, or in what circumstances, are you most keenly aware of the fact that you are an adoptive parent?

7. Have you any special family ceremonies or special days to celebrate, connected with adoption? _____
8. Now a question about your child's original parents. How often would you say you think about them--frequently, just once in a while, or never? _____
9. It is apparently not unusual for people at times to feel that they might have been happier with some other child than the one they have. In your opinion, is this feeling more likely to occur in families without adopted children or in families with adopted children? _____
10. From an earlier study of attitudes, we learned that some people in the community seem to look on the adoptive family as being different in some ways from other families. Since some people see it this way ...
Would you say it is all right for adoptive families to be frankly different by adopting children whose ages make it clear that they couldn't have been born to the same mother? _____

THE FOLLOWING QUESTIONS HAVE TO DO WITH HOW YOU FEEL ABOUT BEING A PARENT AT THIS POINT IN YOUR LIFE.

SA = Strongly agree	D = Disagree
A = Agree	SD = Strongly disagree
I = Indifferent	N/A = Not applicable

Please circle one response

- | | |
|--|-----------------|
| 1. I feel that parenthood is the last step in becoming an adult | SA A I D SD N/A |
| 2. I feel more tired now than I did after approval for adoption | SA A I D SD N/A |
| 3. I feel more nervous now than I did after approval for adoption | SA A I D SD N/A |
| 4. I feel people have more respect for us now than they did just after the approval for adoption | SA A I D SD N/A |
| 5. I feel my husband/wife and I talk more about future plans now than we did after approval for adoption | SA A I D SD N/A |
| 6. I have more periods of depression now than after approval for adoption | SA A I D SD N/A |
| 7. I feel my husband/wife is less understanding now than he/she was after the approval for adoption | SA A I D SD N/A |
| 8. If I have negative feelings about motherhood/fatherhood, I can easily tell someone about them | SA A I D SD N/A |

(cont.)

- | | |
|--|-----------------|
| 9. I feel I get more attention from my husband/wife now than after approval for adoption | SA A I D SD N/A |
| 10. I am unsatisfied with the way daily household tasks are currently carried out | SA A I D SD N/A |
| 11. I am glad we adopted this baby at this time | SA A I D SD N/A |
| 12. I feel that marriage is the last step in becoming an adult | SA A I D SD N/A |
| 13. I feel unsatisfied with the sexual relationship with my spouse | SA A I D SD N/A |
| 14. I feel more relaxed now than I did after approval for adoption | SA A I D SD N/A |
| 15. I would like to have another child in the near future | SA A I D SD N/A |
| 16. Our relationship as a couple is better now than after our approval for adoption | SA A I D SD N/A |

Part V

THE FOLLOWING QUESTIONS HAVE TO DO WITH THE NATURE OF THE PLACEMENT OF YOUR BABY.

In a few words could you describe the nature of the placement?

1. How long did you wait before placement of the child?

2. How did you feel about the placement (the way it was done, etc.)?

3. What did you feel about the child?

Has that changed now? _____

THE FOLLOWING QUESTIONS HAVE TO DO WITH YOUR BABY.

1. Sex _____

2. Birth weight _____

3. Any particular difficulty with the child at time of placement?

If yes, how did you and/or your wife deal with it?

4. How have you fed your baby since placement?

5. Any particular feeding problems? _____ If so, how have you and/or your wife coped with them?

6. What is the activity pattern of your baby?

7. What is the sleeping pattern of your baby?

Part VI

THE FOLLOWING QUESTIONS HAVE TO DO WITH THE PREPARATION
YOU RECEIVED FOR PARENTHOOD.

1. If you attended pre-adoption classes, do you feel the
information you received was adequate? Comment.

2. Were there any gaps in the information you received?
Comment.

3. From all the sources of information you received, what
areas did you receive good information on and from what
source did you receive it?

4. From all sources of information you received, what
areas did you receive incomplete or poor information on
and from what source did you receive it?

5. Did the lack of information cause you any problems or
anxieties? Comment.

6. Did you seek additional information since the last
interview? _____ If so, from where and/or from whom?

7. Do you intend to seek further information concerning
child care; for example, the V.O.N., Public Health
Nurses, Parent Effectiveness courses, your mother, etc.?
_____ If so, where and/or from whom? _____

8. Was instruction given by the Social Worker adequate
regarding care of the baby, feeding the baby, etc.?
Elaborate.

Part VII

THE FOLLOWING QUESTIONS HAVE TO DO WITH HOW THE PLACEMENT OF THE BABY HAS AFFECTED YOUR LIFE STYLE.

1. When was your baby placed? _____
How old was the child at time of placement? _____
2. Does your wife plan on working (or studying) now that your baby is placed? _____ Yes
_____ No
3. If yes, how soon? _____
(a) Why or for what reasons? _____
(b) If no, why not? _____
4. If your wife plans on going back to work, do you anticipate any problems? (For example babysitting problems, employers not wanting to hire a mother with a young baby, etc.) _____

5. If your wife plans on going back to work, who does she plan to have as a baby sitter? _____
6. Has the placing of the baby caused any changes in your pattern of employment? (For example, have you taken on a second job or have you dropped one?) Comment.

Do you still go out with the boys, if you did before?

7. How has your entire life style changed since the placement of the baby? (For example, your social patterns, recreation activities, spending patterns.) Who does what around the house?

8. What would you say has caused the most concern for you since the placement of the baby? Comment. (Include in your answer the way you are dealing with it.)

HUSBAND'S INTERVIEW III¹

(Three Months Post-Placement)

Part III

THE FOLLOWING QUESTIONS HAVE TO DO WITH THE RELATIONSHIP YOU HAVE WITH YOUR RELATIVES.

1. In the past two years or so, about how often have you seen one or both of your parents?
_____ 1. Every day
_____ 2. More than once a week
_____ 3. Once a week
_____ 4. More than monthly
_____ 5. About once a month
_____ 6. Several times a year
_____ 7. About once a year
_____ 8. Less than once a year
_____ 9. Never
2. Has this pattern changed since placement of the baby?
_____ If so, how? _____
3. Do you wish you could see your parents more or less often than you do?
_____ 1. Much less often
_____ 2. A little less often
_____ 3. You see them just often enough
_____ 4. A little more often
_____ 5. Much more often
4. How often do you (your spouse) write letters to your parents?
_____ 1. Never
_____ 2. Only on special occasions, such as birthdays or Christmas
_____ 3. Several times a year
_____ 4. About once a month
_____ 5. Several times a month
_____ 6. Once a week or more
5. Has this pattern changed since placement of the baby?
_____ If so, how? _____
6. Do you ever talk to your parents on the telephone?
_____ 1. No, never
_____ 2. Yes, on special occasions or in emergencies
(cont.)

¹Parts I and II were identical to Husband's Interview I.

- _____ 3. Several times a year
_____ 4. About once a month
_____ 5. Several times a month
_____ 6. Once a week or more
7. Has this pattern changed since placement of the baby?
_____ If so, how? _____
8. Do you usually call them or do they call you?
_____ 1. You almost always call them
_____ 2. You call a little more often
_____ 3. You and they call equally often
_____ 4. They call a little more often
_____ 5. They almost always call you
9. Has this pattern changed since placement of the baby?
_____ If so, how? _____
10. Have you had more contact with one or more brothers
and/or sisters since placement of the baby? _____
11. Who usually initiates this contact?
_____ 1. You almost always
_____ 2. You a little more often
_____ 3. You and they equally often
_____ 4. They a little more often
_____ 5. They almost always
12. If you had help after placement of the baby, how long
did the person stay? _____
13. Did you find it helpful to have someone come in?
Please elaborate. _____

Part V¹

THE FOLLOWING QUESTIONS HAVE TO DO WITH YOUR BABY.

1. Have you experienced any particular difficulty with your baby since the last interview? (For example: baby's weight, baby has colic, does not sleep through the night, has allergies, develops colds easily, etc.) Name the difficulties. _____

Have these difficulties caused you any particular concern since the last interview? _____ If so, how have and your spouse coped with them? _____

2. How have you fed your baby since the last interview? _____
3. Has your baby had any particular feeding problems since the last interview? _____ If so, how have you and your spouse coped with them? _____
4. Has the activity pattern of your baby changed much since the last interview? _____ If so, how? _____
5. Is your baby sleeping through the night now? _____ If not, does this bother you in any way? Elaborate on this and tell how you and your spouse cope with this. _____

¹Part IV is identical to Husband's Interview II.

Part VI

THE FOLLOWING QUESTIONS HAVE TO DO WITH THE PREPARATION YOU RECEIVED FOR PARENTHOOD.

1. From all the sources of information you received, what areas did you receive good information on and from what source did you receive it? _____

2. From all sources of information you received, what areas did you receive incomplete or poor information on and from what source did you receive it? _____

3. Did the lack of information cause you any problems or anxieties? Comment. _____

4. Did you seek additional information since the last interview? _____ If so, from where and/or from whom?

What was the information on? _____
5. Do you intend to seek further information concerning child development, feeding, teething, discipline, immunizations, etc.? _____ If so, where do you intend to obtain the information from? _____
6. Do you think you will seek out additional information after this interview? _____ If so, from where and/or from whom? _____

Part VII

THE FOLLOWING QUESTIONS HAVE TO DO WITH HOW THE PLACEMENT OF YOUR CHILD HAS AFFECTED YOUR LIFE STYLE.

1. Is your wife presently employed? _____ If so, when did her employment begin?

Is she employed in the same type of work that she was familiar with prior to the baby's placement? _____

If not, what type of work is she doing now? _____

Why did she return to work? _____

2. If your wife is not gainfully employed at the present time, what are her reasons for staying at home?

Does she plan on returning to work in the future?
If so, when? _____

3. Has she encountered any problems in going back to work? (For example: babysitting, transportation, attitudes of others at work, etc.) _____

4. If your wife is presently working, is the babysitter the person she had planned to have? _____ If not, who did she get? _____

Is your wife satisfied with the present babysitting arrangements? _____

5. Has the placement of the baby caused any changes in your pattern of employment since the last interview? _____ (For example, have you taken on a second job or have you dropped one?) Comment. _____

6. How has your entire life style changed since the last interview? (For example, your social patterns, recreation activities, spending patterns, etc.) Who does what around the house? _____

7. What would you say has caused the most concern for you since the placement of the baby or since the last interview? Comment on this and mention how you are dealing with it. _____

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